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**COUNTY COUNCIL OF
NOTTINGHAMSHIRE**

ANNUAL REPORT

ON THE

**HEALTH AND HEALTH SERVICES
OF THE COUNTY.**

FOR THE YEAR 1951.

**CHRISTOPHER TIBBITS, C.B.E.,
M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Oxon.),
COUNTY MEDICAL OFFICER.**



ALDERMAN W. BAYLISS, C.B.E., J.P.

*Chairman County Health Committee
1931 to 1952*

COUNTY COUNCIL OF
NOTTINGHAMSHIRE

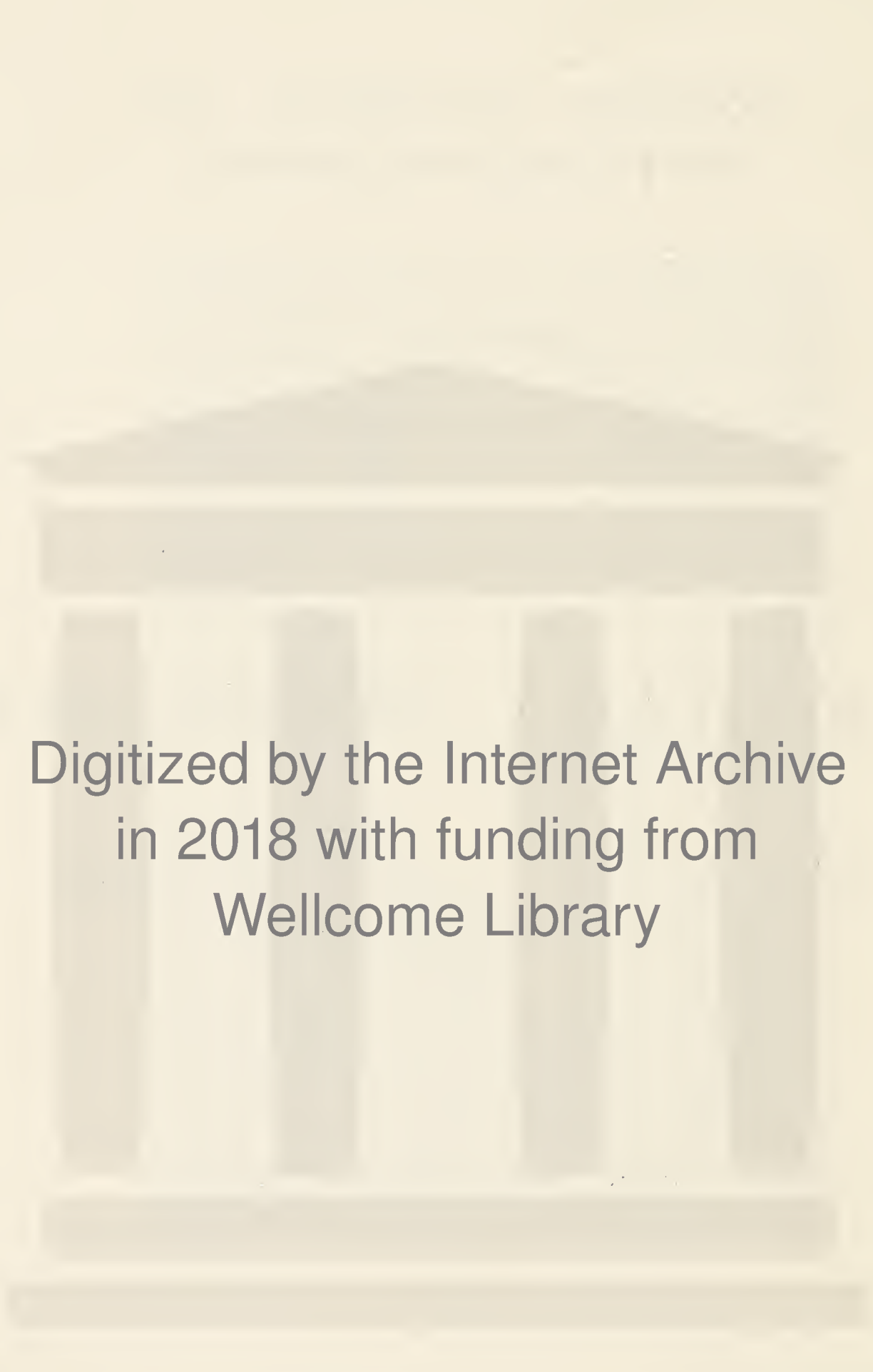
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**CHRISTOPHER TIBBITS, *C.B.E.*,
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County Health Committee.†

Chairman :

ALDERMAN W. BAYLISS, C.B.E.

Vice-Chairman :

COUNCILLOR J. T. PEPPER.

Ex-officio : ALDERMAN W. BAYLISS, C.B.E.
ALDERMAN C. C. KIRK.

Aldermen :

COOPER, G. C.
FARR, S.
HARTLAND, H.
IZZETT, P. A.
MARSHALL, J. A.

PERCIVAL, J. A.
SCHOFIELD, A. W.
SEVERN, J. T.
STUART, MRS. F. G.
TAYLOR, MRS. C. A.

Councillors :

AINLEY, J.
ASHWORTH, R. W. B.
BEARDSLEY, MRS. M.
BETTERIDGE, MRS. A. E.
BOWEN, MRS. D. M.
CARLTON, H. C. C.
CLARK, J. J. K.
CREWE, W.
DAVISON, R. C.
DODDS, L.
ELEY, J. W.
FOSTER, W. H.
HARRISON, C.
HAYES, F.
HILL, MRS. L.

IRELAND, W.
LIMB, MRS. A. M.
MARTIN, W.
MEAD, A.
MITCHELL, L. J.
PEPPER, J. T.
QUIBELL, MRS. K.
ROBERTS, J.
SHARRARD, MRS. B.
SMALL, F. A.
SMITH, A. J.
STRETTON, J. H.
TURNER, O.
WARNER, E. L.

Representative Members :

Borough Councils :

East Retford	.	PEATFIELD, J. W.
Mansfield	.	BOSWORTH, A. H.
Newark	.	CLUTTERBUCK, C.
Worksop	.	HARRIS, E.

Urban District Councils :

Four vacancies.

Rural District Councils :

BOOTHBY, MRS. F. K.	STEVENS, W. H.
MILLS, H.	WALTERS, J. T.

STAFF.

(Particulars of Staff as at 31st December, 1951.)

County Medical Officer—

A. C. TIBBITS, *C.B.E.*, M.R.C.S., L.R.C.P., D.P.H.

Deputy County Medical Officer—

C. W. W. JEREMIAH, M.R.C.S., L.R.C.P., D.P.H.

First Assistant County Medical Officer—

A. R. C. MARGETTS, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.

Second Assistant County Medical Officer —

MRS. M. B. BLACK, M.B., Ch.B., D.P.H.

Chest Physicians (employed jointly with Regional Hospital Board) —

L. W. HEARN, M.B., B.S., D.P.H.

N. W. ROBERTS, M.D., Ch.B., D.P.H.

Medical Officer for Mental Health—

F. R. WALKER, M.A., L.M.S.S.A.

Medical Officers for Ante-Natal Services—

MISS J. A. FORBES, M.B., Ch.B., D.R.C.O.G., D.P.H.

MRS. M.A.M.N. GILLATT, M.B., Ch.B., D.R.C.O.G., D.P.H.

Fourteen Medical Practitioners also employed for Sessional duties on a Fee basis.

*Assistant County Medical Officers—**Whole-time :*

MISS J. M. CUMMINS, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H.

MISS E. DOUGLAS, M.B., Ch.B., D.P.H.

MISS J. KEAN, M.B., Ch.B., D.P.H.

R. LOGAN, M.B., B.Ch., D.P.H.

P. N. NEWSAM, M.B., B.Ch., B.A.O., D.P.H.

Part-time :

MRS. I. M. BUCKLE, M.B., Ch.B.

MRS. M. S. COLLEY, M.B., Ch.B., D.R.C.O.G.

MRS. M. M. A. REFORD, M.B., Ch.B., D.R.C.O.G.

MRS. A. TOBERT, M.B., B.S., D.C.H.

MRS. M. C. WOOD, M.B., B.S., M.R.C.S., L.R.C.P.

R. N. COLLEY, M.B., B.S., M.R.C.S., L.R.C.P., D.R.C.O.G.

(Vacancy equal to approximately one-half of the time of a whole-time Medical Officer).

Assistant County Medical Officers and Medical Officers of Health of County Districts—

J. S. DRUMMOND, M.B., Ch.B., D.P.H. (Manstfield Borough).

G. G. BUCHANAN, M.B., Ch.B., D.P.H. (Newark Borough, Newark Rural and Southwell Rural Districts).

J. TOLLAND, L.R.C.S., L.R.C.P., L.R.F.P.S., D.P.H. (East Retford Borough and East Retford Rural Districts).

M. B. McCANN, L.R.C.S., L.R.C.P., D.P.H. (Worksop Borough and Worksop Rural Districts).

H. D. B. NORTH, M.Sc., M.B., Ch.B., D.P.H. (Arnold and Carlton Urban Districts))

E. BEBBINGTON, M.B., Ch.B., D.P.H. (Beeston and Stapleford Urban District).

W. R. PERRY, M.B., B.S., D.P.H. (Eastwood Urban and Basford Rural Districts).

M. J. COLLINS, M.B., B.Ch., B.A.O., D.P.H. (Hucknall Urban District).

A. B. CLARK, M.B., Ch.B., B.S., D.P.H. (Kirkby-in-Ashfield Urban District).

*E. H. GORDON, M.D., B.Ch., B.A.O., D.P.H. (Mansfield Woodhouse and Warsop Urban Districts).

T. S. McKEAN, M.B., Ch.B., D.P.H. (Sutton-in-Ashfield Urban District).

W. B. WATSON, L.R.C.S., L.R.C.P., L.R.F.P.S., L.D.S., D.P.H. (West Bridgford Urban and Bingham Rural Districts).

Assistant County Medical Officer and Deputy Medical Officer of Health of the Borough of Mansfield—

MISS I. CALEY, M.A., M.B., B.Ch., D.P.H.

Child Psychiatrist (provided by the Regional Hospital Board and services utilised jointly with Nottingham City Council)—

MISS J. E. GREENER, M.B., Ch.B., D.P.H., D.P.M.

Senior Dental Officer—

D. E. MASON, L.D.S.

School Dental Officers—

MISS M. ARMITAGE, L.D.S.

R. R. MACLEAN, L.D.S.

MISS A. KAVANAGH, L.D.S.

J. M. MITCHELL, L.D.S.

MRS. I. M. KEATES, L.D.S. (Part-time)

G. R. SMITH, L.D.S.

D. F. G. CAME, L.D.S.

J. E. W. STATHAM, L.D.S.

(Vacancies equal to $15\frac{1}{2}$ School Dental Officers).

Sherwood Village Settlement—

Medical Superintendent :

E. FIRTH, M.B., Ch.B. (part-time)

(Also employed by Regional Hospital Board as Medical Superintendent, Ransom Sanatorium).

General Manager, Sherwood Industries—

A. E. DURHAM

Lay Administrative Assistant—

(a) W. L. RICHARDSON

Chief Clerk—

J. RENSHAW

*Appointed 1st February, 1952.

Deputy Chief Clerk—

E. GILLOTT

*Clerical Staff—**Maternity and Child Welfare Services Section—*

L. HOCKIN (Senior Clerk)
 E. LEWIS
 A. LEIVERS
 J. E. PLUMMER
 C. E. BODEN
 A. FOX
 A. SYLVESTER
 D. ALLEN
 A. R. WRIGHT
 MRS. D. MARTIN
 MISS C. M. ALLEN
 MISS E. POPPLEWELL

School Health Service Section—

W. R. CLEMENS (Senior Clerk)
 L. MORGAN
 T. E. HOBBS
 E. G. LEACH
 D. A. SHEWARD
 N. F. BOSWORTH
 W. G. DIXON
 N. C. MILLS
 W. PEAGRAM
 MRS. J. D. GOSLING (part-time)
 MRS. M. C. ASHWORTH
 MRS. J. B. BROWNLOW
 MRS. M. H. COUSINS (part-time)
 MRS A. EGGLESTONE

Ambulance Service Section—

P. L. WEEKS (Senior Clerk)
 M. H. HODGETT
 MISS A. J. GREENALL
 MISS I. WALKER

Mental Health Service Section—

E. F. READ
 T. P. E. BLATCH
 MRS. J. E. LEIVERS

Preventive Health Services Section— Staff Section—

R. GOSPEL (Senior Clerk)
 E. CARTER
 MISS M. WOOLLEY
 MRS. C. M. GREEN

J. M. ANSON (Senior Clerk)
 E. F. DUNCOMBE
 (k) R. J. MARLOWE, D.P.A.
 B. W. LEWIN (on Nat. Service)

Accounts Section—

H. R. ADAMS (Senior Clerk)
 S. G. BOSTOCK
 (b) D. E. BIRLEY
 R. A. PEARS
 C. D. BROWN
 A. G. COPPIN
 I. A. FULLWOOD
 F. MEALOR
 E. NEWHAM
 MISS J. VERNER
 MRS. V. MCNISH (part-time)

Central Typists—

MISS D. LAWS (Senior Shorthand Typist)
 MISS G. J. GOODMAN
 MISS J. M. COLLISHAW
 MISS J. B. GOODLUD

Enquiry Office Staff—

G. Y. LEWIS
 T. HERMAN (Office Boy)
 G. M. HUNT (Office Boy)

County Health Inspectors—

G. H. EARNSHAW (a) (d) (e) (f) (g)
 (One vacancy)

Assistant Health Education Officer—

A. H. MARROW

Second Assistant Health Education Officer—

N. S. WASS

Senior County Almoner—

(h) (j)

MISS B. B. STEWART

Assistant County Almoners—

(h) (j)

MISS S. M. CUTTS

(One vacancy)

Occupational Therapist for Tuberculous Persons—

MISS E. C. A. TOYN

Superintendent Health Visitors—

†*Ø MISS E. BOWLER

†*Ø MISS A. COLLISHAW

†*Ø MRS. C. J. MCHENRY

Health Visitors—

†* MRS. E. M. BARNES

†*Ø MRS. C. A. BAYLEY

† MISS E. N. BLADEN

†*Ø MRS. E. BLOOD

†*Ø MISS E. BRADLEY

†*Ø MISS E. A. BRAGG

†*Ø MISS E. G. M. BRAMMER

†*Ø MISS G. R. BRETLAND

†*Ø MISS B. A. CASTLE

†*Ø MISS E. CHADBURN

†*Ø MISS E. A. CHAMBERS

†*Ø MRS. I. CLEGHORN

†*Ø MRS. D. COCKIN

†*Ø MRS. A. COOPER

†Ø ‡ MISS J. M. COOPER

†*Ø MISS B. V. W. COTTARD

†* MISS G. CREASEY

†Ø MISS P. M. DABELL

†*Ø MISS E. ELSWORTH

†Ø MISS E. FRAZER

†Ø MISS J. M. GOODWIN

†Ø MRS. M. E. GRANT

†*Ø MISS J. M. HALL

†Ø MISS M. O. HARRISON

†*Ø MISS J. HIRD

†*Ø MISS A. T. KEELTY

†*Ø MRS. B. KINSON

†*Ø MRS. D. LINSKEY

†*Ø MISS J. W. B. MACFIE

†Ø MISS L. MEE

†* MISS C. MOORE

†*Ø MISS E. MOORE

†*Ø MISS I. OLIVER

†*Ø MISS N. E. PARKER

†*Ø MISS P. PEART

†*Ø MISS J. PERCIVAL

†*§Ø MISS N. I. PERKINS

†*Ø MISS M. PUGH

†*Ø MISS E. RAITHY

†*Ø MISS O. REVILL

†Ø MRS. M. H. RICHARDS

†Ø MISS C. G. RICHMOND

†Ø MISS J. E. ROBERTSON

†Ø MRS. D. ROBINSON

†*Ø MISS M. ROBINSON

†*Ø MISS D. E. RUTLAND

†*Ø MISS M. E. SCHOFIELD

†*Ø MRS. M. SEYMOUR

†Ø MRS. E. M. SHORT

†* MISS R. A. SMITHURST

†ø MISS M. M. HOLDNALL
 †*ø MRS. K. M. HUGHES
 †*ø MISS A. HUMPHRIES
 †*ø MISS B. JAKUES
 †ø MRS. D. M. JEFFORD
 †*ø MISS E. JEFFRIES
 †*ø MISS G. E. JOHNSTON
 †*ø MISS F. JONES
 †*ø MISS F. A. JONES
 †*ø MISS H. JONES

†*ø MRS. M. G. STEELE
 †§ø MISS D. A. TAYLOR
 †* MISS E. C. TAYLOR
 †ø MISS E. G. THORNHILL
 †*ø MISS E. THOUARD
 †*ø MISS F. E. TIDESWELL
 † MRS. P. TURNER
 †*ø MISS W. TYSON
 * MISS S. WATSON
 9 Vacancies

Tuberculosis Visitors—

†§ MRS. E. DUNDERDALE
 †*|| MISS E. HOWE

School Nurses—

† MRS. Z. F. CHURCHWARD	†* MISS J. REED
†* MRS. W. EVANS	†* MISS E. F. ROBINSON
† MISS N. J. LEWIS	†*‡ MRS. G. I. SANDERSON
†ø MISS B. PEARSON	† MRS. E. TOPLISS

3 Vacancies

Dental Nurses—

† MISS D. M. CORDON
 †* MISS A. M. WATERLAND

Dental Attendants—

MRS. M. FRASER (part-time)	MISS J. STENSON
MISS S. HIND	MISS A. M. SWIFT
MRS. W.M. HOLMES	16 Vacancies
MISS G. SEARBY	

Oral Hygienist—

MISS D. S. HUXLEY	One Vacancy
-------------------	-------------

Senior Assistant Non-Medical Supervisor of Midwives—

†*ø MISS M. K. COLLINS

Junior Assistant Non-Medical Supervisor of Midwives and Health Visitor—

†*ø MISS R. E. HERMES

County Midwives—

†* MISS M. ADLINGTON	* MRS. F. E. GREENWOOD
†* MISS E. M. AMERY	†* MRS. E. M. GUNN
†* MISS H. ANSTOCK	†* MISS E. A. HARDY
†* MRS. E. E. BALDRY	†* MISS F. E. HARDY
†* MISS F. BANKS	* MRS. D. HARPHAM
* MISS E. BARKER	* MISS R. HAYDAY
†* MRS. A. BARNES	* MISS M. L. HOARE
†* MISS H. M. BEYNON	* MISS M. HUNT
* MISS A. BILLINGTON	* MRS. F. LEE
†* MRS. L. BOULTON	* MISS E. MCGARRY
†* MRS. D. A. BROCKLEY	†* MRS. J. MITCHELL
* MRS. E. BROOKS	†* MISS I. OLIVER
†* MISS D. BROWN	†* MISS D. OTTERSON
√* MRS. D. BROWN	* MRS. E. OUTRAM
* MRS. E. BROWN	†* MRS. B. PARKER
†* MRS. D. M. BULLOUGH	* MRS. A. M. PARSONS
†* MISS J. M. CHADBURN	* MISS F. M. RICHARDSON
* MISS I. CHAPMAN	* MISS F. RUSH
* MISS H. CONNEELY	* MRS. E. SAXTON
* MISS K. CORDON	* MRS. F. SHAWCROFT
†* MISS D. E. CROOKS	* MISS E. SLATER
†* MRS. E. CUMMING	* MISS M. SPELLMAN
†* MISS H. M. CUTTS	†* MISS J. STORY
†* MISS B. DRIVER	†* MISS M. E. SWINGLER
* MRS. E. A. EDWARDS	√* MISS R. TAYLOR-HAYS
†* MRS. F. S. FAHY	†* MISS A. A. THOMAS
* MRS. L. FRANKLIN	†* MISS A. THORPE
* MRS. E. FRYER	†* MRS. H. THWAITES
* MRS. L. D. GODDEN	†* MRS. I. TIMMIS
* MRS. M. GOOCH	†* MISS E. D. TROMANS
* MISS E. GRAINGER	* MRS. L. YATES
* MISS E. GREENSMITH	8 Vacancies

*Mental Health Service—**Mental Health Officer :*

W. A. FROST

Female Superintendent Mental Health Worker—

MRS. E. L. ANDREWS

Mental Health Workers—

(k) J. BARROW	(k) B. LEE
(k) H. BRITTON	(k) G. H. LONG
W. C. BILLS	H. W. TOMBS
G. S. CULLEY	G. V. THORPE
G. H. DOBB (Assistant)	(k) R. R. WILCOCKSON
(k) G. S. EXLEY	

(All employed jointly as Mental Health Workers and District Welfare Officers).

Female Mental Health Workers—

(l) MISS E. SLACK

Two Vacancies

Instructress, Mansfield Occupation Centre—

MISS R. BARFOOT

Home Teachers for Mentally Defective Persons—

MRS. H. MORRELL

MRS. N. M. STOKES

*Day Nurseries—**Matrons—*

Beeston	..	..	..	†*	MRS. E. W. GERRING
Carlton	..	..	..	†	MISS E. M. PIMLOTT
Eastwood	..	..	..	†	MISS M. P. ADAMS
Harworth	..	..	..	†	MRS. W. M. OGILVIE
Mansfield (Bull Farm)	..		..	††	MRS. G. NEPORA
Mansfield (Ravensdale)	..		..	‡	MRS. C. E. PARGETER
Newark	..	..	..		(Vacancy)
Stapleford	..	..	..	†	MRS. S. FLETCHER
West Bridgford	..	..	..	(y)	MISS F. M. SCOTT

*Home Help Service—**Organiser—*

MISS M. W. COTTEE

Deputy Organiser—

MRS. K. KEAYS

Sub-Organisers—

MRS. W. M. APPLEBY	(l) (m)	MRS. V. T. EDMUNDS
MISS D. K. BANKS		MISS D. KEMP
MRS. S. J. BROWN		MISS N. E. LANGTON
MRS. E. M. CHRICH		Two Vacancies

Case Workers—

MRS. W. BARBER
MISS A. COORE
MRS. A. K. EDDOWES
MISS M. S. HALL

MRS. E. A. McDONALD
MRS. P. W. McMILLEN
MRS. K. K. RADLEY
Three Vacancies

*County Ambulance Service—**County Ambulance Officer—*

F. E. JOLLEY

Assistant Ambulance Officer—

(Vacancy)

Milk Samplers—

F. L. BROWN

D. W. MOORHOUSE

*Speech Therapy—**Chief Speech Therapist—*

(n) (o) (p) MISS M. DOLMAN

Speech Therapists—

(q) MISS S. J. EDWARDS

(q) MISS P. A. E. GRADY

(q) MISS C. H. M. LOGAN

(q) MISS S. J. SWIFT

*Child Guidance—**Educational Psychologist—*

M. A. CUNNINGHAM, M.A., M.A.(Psych).

(r) MRS. J. D. CUMMINGS, Ph.D.(Psych.), B.A.(Psych.)
(part-time)*Psychiatric Social Workers—*

(s) MISS F. LOW-BEER

Two Vacancies

Play Therapist—

(Vacancy)

Audiometrician—

MISS M. TORRANCE

References

- (a) Certificate of the Royal Sanitary Institute for Sanitary Inspectors.
- (b) Chartered Institute of Secretaries.
- (d) Certificate of the Royal Sanitary Institute for Sanitary Science as applied to Buildings and Public Works.
- (e) Certificate of the Royal Sanitary Institute for Meat Inspection.
- (f) Certificate of the Royal Sanitary Institute for Smoke Inspection.
- (g) Institute of Sanitary Engineers.
- (h) Diploma in Social Studies.
- (j) Certificate of the Institute of Almoners.
- (k) Relieving Officer's Certificate of the Poor Law Examinations Board.
- (l) Certificate in Social Studies.
- (m) Diploma in Hygiene and Public Health.
- (n) Certificate of the International Phonetic Association.
- (o) Diploma in Dramatic Art.
- (p) Certificate of the Central School of Speech Training.
- (q) Licentiate of the College of Speech Therapists.
- (r) Associate of British Psychology Society.
- (s) Certificate in Mental Health.
- † State Registered Nurse.
- ‡ Registered Sick Children Nurse.
- * State Certified Midwife.
- § Registered Fever Nurse.
- ∅ Health Visitor's Certificate of the Royal Sanitary Institute.
- || Certificate of the Tuberculosis Association.
- ▼ Enrolled Assistant Nurse.

NAMES AND ADDRESSES OF THE MEDICAL OFFICERS OF HEALTH OF THE TWENTY COUNTY DISTRICTS.

AS AT THE 31ST DECEMBER, 1951.

BOROUGHES AND URBAN DISTRICTS.

DISTRICT.	NAME OF THE MEDICAL OFFICER OF HEALTH.		ADDRESS.
MANSFIELD (Borough)	..	J. S. Drummond, M.B., Ch.B., D.P.H.	Public Health Department, Gilcroft Street, Mansfield.
WORKSOP (Borough)	..	M. B. McCann, L.R.C.S., L.R.C.P., D.P.H.,	Park House, Park Street, Worksop.
NEWARK (Borough)		G. G. Buchanan, M.B., Ch. B., D.P.H.	Public Health Department, The Friary, Appleton Gate, Newark.
EAST RETFORD (Borough)	..	J. Tolland, L.R.C.S., L.R.C.P., L.R.F.P.S., D.P.H.	Municipal Offices, The Square, Retford.
ARNOLD	H. D. B. North, M.Sc., M.B., Ch.B., D.P.H.	Council Offices, Arnot Hill House, Daybrook, Arnold.
BEESTON AND STAPLEFORD	..	E. Bebbington, M.B., Ch.B. D.P.H.	Public Health Department, The Willows, Dovecote Lane, Beeston.
CARLTON	H. D. B. North, M.Sc., M.B., Ch.B., D.P.H.	Public Health Department, Council House, Burton Rd., Carlton.
EASTWOOD	W. R. Perry, M.B., B.S., D.P.H.	Public Offices, Church Street, Eastwood.
HUCKNALL	M. J. Collins, M.B., B.Ch., B.A.O., D.P.H.	Council Offices, Hucknall.
KIRKBY-IN-ASHFIELD		A. B. Clark, M.B., Ch.B., B.S., D.P.H.	Council Offices, Urban Road, East Kirkby.
MANSFIELD WOODHOUSE	..	E. H. Gordon, M.B., B.Ch., M.D., B.A.O., D.P.H. (Appointed 1st February, 1952)	Public Health Department, Manor House, Mansfield Woodhouse.
SUTTON-IN-ASHFIELD		T. S. McKean, M.B., Ch.B., D.P.H.	Public Health Department, Forest Street, Sutton-in-Ashfield.
WARSOP	E. H. Gordon, M.B., B.Ch., M.D., B.A.O., D.P.H. (Appointed 1st February, 1952)	Health Department, Town Hall, Warsop.
WEST BRIDGFORD	..	W. B. Watson, L.R.C.S., L.R.C.P., L.R.F.P.S., L.D.S., D.P.H.	Health Department, The Hall, Bridgford Road, West Bridgford.

RURAL DISTRICTS.

BASFORD ..	..	W. R. Perry, M.B., B.S., D.P.H.	Health Department, Rock House, Stockhill Lane, BASFORD, Nottingham.
BINGHAM ..	..	W. B. Watson, L.R.C.S., L.R.C.P., L.R.F.P.S., L.D.S., D.P.H.	Council Offices, Bingham.
WORKSOP ..	..	M. B. McCann, L.R.C.S., L.R.C.P., D.P.H.	Council Offices, Highfield House, Carlton Road, Worksop.
EAST RETFORD	..	J. Tolland, L.R.C.S., L.R.C.P., L.R.F.P.S., D.P.H.	Municipal Offices, The Square, Retford.
NEWARK ..	..	G. G. Buchanan, M.B., Ch.B., D.P.H.	Public Health Department, The Friary, Appleton Gate, Newark.
SOUTHWELL ..	..	G. G. Buchanan, M.B., Ch.B., D.P.H.	Public Health Department, The Friary, Appleton Gate, Newark.

NOTTINGHAMSHIRE COUNTY COUNCIL.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
TRENT BRIDGE,
NOTTINGHAM,

May, 1952.

TO THE CHAIRMAN AND MEMBERS OF THE
NOTTINGHAMSHIRE COUNTY COUNCIL.

LADIES AND GENTLEMEN,

I submit my twenty-fourth—and last—Annual Report on the Health and Health Services of the County.

The health record of the County for the year 1951 was an exceptionally good one.

There was no major epidemic affecting the general population.

The number of cases of Acute Polio-myelitis dropped heavily from 66 in 1950 to 29 in 1951.

The Infantile Mortality rate was reduced to 29.4 (national rate 29.6), the lowest figure ever attained.

Maternity mortality was also reduced, the rate for 1,000 live and still births falling to 0.68 (national rate 0.79).

The general death rate rose slightly from 10.4 (1950) to 11.2 (national rates 11.6 and 12.5), and the mortality from Pulmonary Tuberculosis fell from 0.31 to 0.23 (national rates 0.32 and 0.27).

The full significance of some of these figures can be readily seen by reference to Table IV, which shows similar figures over the past fifty years.

Although, during the year, there has been no major new development in the Health Service, there have been several extensions of service in important branches of the work.

1. Tuberculosis Service.

- (a) In the Domiciliary Tuberculosis Service provision was made for a Scheme of Occupational Therapy in the home, and towards the end of the year an Occupational Therapist was appointed. The day-to-day operation of this work will be carried out by the Nottingham and Nottinghamshire Association for the Prevention of Tuberculosis, who act as Agents of the Council in their Care and After-care functions.
- (b) As a further measure of prevention steps were taken in accordance with a Circular issued by the Ministry of Health to safeguard groups of young children, as far as practicable, against exposure to infection, in particular, by adults in charge of such groups. This involved measures in Children's Homes, Residential and Day Nurseries, and similar institutions.
- (c) Arrangements for B.C.G. Vaccination were initiated and small scale operation was commenced towards the end of the year.

The Ministry expressed the view that Local Health Authorities should carry out this work through the services of Chest Physicians who were engaged in the Authorities' tuberculosis preventive arrangements.

As the Chest Physicians concerned in the County Area were too heavily engaged in other phases of work to be able to undertake B.C.G. work effectively the Regional Hospital Board made additional staff provision at the Registrar level and the work was thus facilitated.

- (d) At the Village Settlement the important decision to appoint an experienced and skilled Business Manager, taken after prolonged consideration in 1950, was implemented. This involved taking the risk of loading the workshops with a further fairly large charge on account of staffing costs and probably on account of such re-organisation (and additional machinery) as an expert manager might require, in the hope that there would follow much better and larger output without putting any strain upon the settlers actually doing the work.

By mid-year the appointment had been made and the "General Manager," very quickly absorbing the atmosphere of Village Settlement conditions, soon had production re-organised on a smooth basis and the quality of the woodwork production improved to a really competitive standard.

The General Manager, Mr. A. E. Durham, had for some time previously been engaged in "Remploi," and was thus accustomed to working with handicapped persons and to making due allowance for their disabilities.

He readily understood the special precautions necessary in dealing with tuberculous workers and accepted the principle

that hours of work, type of work and pressure of work for each individual were matters which must be controlled at medical level.

Subject to that element of medical control the General Manager is personally responsible for the management, training and business side of the Industries.

As I write, in 1952, very great strides have been made.

A new spirit of pride in craftsmanship pervades the workshops, and the men feel that they are receiving really skilled training which may later serve them well.

Thus far this rather expensive appointment is yielding good dividends in the main function of the Village Settlement—the training under “sheltered” conditions and the re-establishment physically and in morale of this special type of “patient”—and also in the not unimportant practical spheres of Production and Cost.

My original Scheme, prepared in 1934, provided for the appointment of a Business Manager, but this was deferred pending the gradual development of the Settlement and Workshops.

Meanwhile “management” was essentially inexperienced and impersonal and a rather hand-to-mouth development was maintained. The years passed, War came. Adventitious aid came to production through the disturbed circumstances of war, and temporarily there was a flush of work and a standard of quality to which we could attain.

Throughout the later years the foreman, later Workshop Superintendent, Mr. H. Maltby, gave most devoted and skilled service under conditions of extreme difficulty and anxiety.

He served the Settlement well.

Unfortunately he left us during the year to take up commercial work.

Post-war conditions gradually deteriorated, the buyers' market receded, and the necessity for keen skilled business management became paramount if the Settlement were to survive.

Thus in 1951 the Scheme of 1934 was implemented.

Would earlier implementation have saved us much tribulation or have we gained by delay through the hard school of experience and stress? Who shall say?

I certainly hand over this Scheme to my successor with better content and assurance than would have been possible twelve months ago.

- (e) The proposal to establish a Joint Board with other Local Health Authorities in the Region made no progress during the year, the negotiations having to be deferred owing to information being received of certain tentative suggestions (incorporated in a Draft Circular) by the Ministry of Health affecting very materially the future status and operation of Workshops for the Tuberculous.

Throughout the year negotiations with the Ministry were conducted at the level of the large Authority Associations in which my Chairman and I were privileged to participate.

The Ministry's draft circular was strongly opposed, and it suffices to say that as I write in 1952, information has just been received that the draft circular has been withdrawn.

The way is now clear to proceed, if desired, with further consideration of the suggestion of a Joint Board.

- (f) I have to report with gratitude the generous gift of £250 towards the making of a bowling green at the Village Settlement Hostel received from the Nottinghamshire Branch of the National Union of Mineworkers.

2. Mental Health Service.

- (a) Owing to the difficulty under present circumstances of providing additional permanent Occupation Centres for Mental Defectives, a Scheme was initiated in 1950 for the establishment of multiple small Group Centres on a sessional basis, held in Clinics or hired premises such as Village Halls.

The two Home Teachers undertook this work, and twelve Centres have now been established.

These have proved to be of real value and are greatly appreciated by parents. Further extensions would be very welcome, especially in view of the extremely difficult position with regard to institutional accommodation.

- (b) The proposal to replace the Occupation Centre at Mansfield by a new building progressed well during the year, and the plans received Ministry approval. By the end of the year a tender for the erection of the building had been accepted, but delay is expected in securing a starting date.
- (c) The vacancy for a Medical Officer for Mental Health was filled in the latter half of the year, Dr. F. R. Walker being appointed.

The work of this office had hitherto been carried out very competently for many years by Dr. Jeremiah, Deputy County Medical Officer, and the new appointment has enabled him to devote more time to his duties as Deputy.

3. Ambulance Service.

- (a) The proposals to provide new Ambulance Station buildings at Beeston and at Carlton advanced to the stage of the acceptance of tenders by the end of the year. Many other building proposals are in the development stage.
- (b) Final arrangements were completed for the installation of radio control, and as I write, in 1952, the radio sets are being fitted in ambulances and all preparations made for early operation.
- (c) The fleet of ambulances is steadily being modernised, old ambulances inherited from previous Authorities being replaced by new vehicles.

There are now only fifteen vehicles left from the original inherited fleet, and only one of pre-war vintage.

Three new ambulances were received in the year and six new ambulances were ordered for future delivery.

4. Convalescent Treatment.

In view of the lack of any Convalescent Homes available within the County, and the improbability of any allocation from the Regional Hospital Board, I was authorised to investigate the extent of availability of beds in voluntary Convalescent Homes outside the County and preferably on the coast.

The building of a County Convalescent Home under prevailing conditions was considered to be impracticable.

Enquiries have been successful to such an extent that a reservation of use of beds sufficient for a satisfactory period of convalescence for 750 County residents per annum has been secured.

A Scheme has been approved and financial provision made for the year 1952/1953.

General Medical Practitioners have been notified, but the extent of the demand for accommodation has yet to be ascertained.

5. Water Supply, Sewerage and Sewage Disposal.

Several considerable Schemes for Water Supply, Sewerage or Sewage Disposal were under review during the year, as follows :—

Water Scheme, East Retford R.D.
 Improvement Water Scheme, Southwell R.D. (13 Parishes)
 Water Scheme, Newark R.D. (Parish of Brough).
 Water Scheme, Basford R.D. (Calverton Area).
 Sewage Disposal Works, Newark R.D. (Balderton)
 (Replacing obsolete works).
 Sewage Disposal and Sewerage, Basford R.D. (Calverton Area).
 Do. do. East Retford R.D. (14 Parishes).

The only remaining large rural area without a mains water supply will then be the southern part of the Bingham Rural District. Here there have been negotiations proceeding over many years and exceptional difficulties have been encountered.

* * * * *

Houses for Midwives and District Nurses.

A very welcome example of co-operation between Authorities which has occurred many times in recent years has been the facilities given by County District Councils to the County Council for the housing of Midwives and District Nurse-Midwives, in the interest of the population jointly served by both Authorities. This has helped to secure the maintenance of Staff Establishments and has undoubtedly ensured a better service to the public.

The County Health Committee have expressed their great appreciation of this co-operation.

Resignations.

I have to record regretfully the resignation on account of failing health of a member of my senior clerical staff, Miss D. E. Warsop, who has served the Department since 1917.

Appointed when Maternity and Child Welfare was "in napkins," she has seen that Service grow, and helped in its growth to its present dimensions and stature, and with it has seen infant mortality drop from ninety-five to thirty-two deaths per thousand births in her thirty-five years' period of service. We all wish her improved health and a happy retirement.

Miss A. M. L. Joyner, M.B.E., Superintendent of the Nottinghamshire Nursing Federation, also retired during the year after six years' service in Nottinghamshire in which she impressed her strong and healthy character on the work of the Federation and their Staff.

She faced the problems arising from the National Health Service Act, 1946, with promptitude and initiative, and secured that those few parts of the County which were not covered by District Nursing Associations prior to the appointed day were not without aid when the time came.

A Queen's Nurse to the roots, strong and faithful to the cause.

Honour came to her justly.

Retrospect.

To hark back to the past immoderately is perilously near to dotage, yet much in the past has for me the vivid reality of a yesterday.

Called to sudden responsibility by the stark message of a telegram, on the death of my chief, I returned from short Christmas leave to pick up the reins, as Acting County Medical Officer, at Christmas, 1928.

The Chief Clerkship was at that time vacant and the office staff for Public Health purposes consisted of five persons—

Mr. W. L. Richardson
Miss D. E. Warsop
Miss K. D. Thorpe
Mr. J. Roberts
Miss D. Laws.

Of this little group, Mr. Richardson and Miss Laws are still on the staff, Miss Warsop resigned only in 1951, Mr. Roberts is still in the Health Service though now serving a Hospital Management Committee, and Miss Thorpe resigned to assume the worthy responsibilities of marriage.

As it was the beginning of a new year we were faced with Quarterly Committees, Reports on the previous "quarter," preparation of Annual Estimates, and submission of any new proposals for the ensuing year. In addition the important Local Government Act, 1929, was looming and due to come into operation on 1st April, 1930.

I received great encouragement from the then Chairman of the Health Committee, Mr. Alderman Mellors, and with his support provision was made for considerable extensions of Ante-Natal Clinics (there were only six in the whole County area), for free Consultant Services in connection with the Clinics and also available to General Practitioners, for Hospital Provision for Maternity Cases, for four additional Child Welfare Centres, for the appointment of six additional Health Visitors and one additional Medical Officer, for an extension of twenty beds at the Sanatorium, for the establishment of a County Veterinary Service, and for the institution of a Pupil Health Visitor Training Scheme.

At the same time provision was made in the School Medical Service estimates for the expansion of the School Dental Service and the appointment of a Senior Dental Officer.

These proposals were all accepted, and the way for further progressive expansion seemed to be clear, as indeed proved to be the case.

At that date Infantile Mortality was high—76 deaths per 1,000 live births—and Maternal Mortality 4.5 per 1,000 live births involving the deaths of 34 mothers (18 from sepsis).

These figures read like fairy tales to-day, when the respective rates are 29.4 and 0.68.

I well remember how my small team worked contentedly, day after day, for hours greatly in excess of office hours, and how, towards the end of the year and at the beginning of 1930, when large and complex schemes and arrangements had to be prepared and issued under the Local Government Act, 1929, we were working on Saturdays and Sundays and triumphantly issued the last batch of instructions to staff at midnight the night-but-one before the appointed day.

No “ Charter ” then, no “ overtime ”—just guts and belief in the job.

So much for reminiscence—just enough to give the contrasting picture.

Great satisfaction comes to me from the many improvements in certain County Services for which I had little direct responsibility and for which I claim no credit: namely, the expansion over the past twenty-five years or so of main water supplies to practically every part of the County, the provision and improvement of dwellings, the eradication of urban pail closets and middens by the provision of sewcrage and sewage disposal schemes, large schemes of replacement or improvement of old existing sewage schemes, and the provision of many fine new schemes.

Those things are fundamental and lasting. Their amenity value is measurable, their health value immeasurable.

Wise legislation with large financial support made this vast expansion possible.

The acceptance and operation of the legislation and its translation into wells, reservoirs, pumping stations, pipe-lines, sewers, sewage works, and dwellings, however, rested with many Authorities often working in co-operation.

In Nottinghamshire, though there is still much to be done, there has been a real surge of endeavour and, at least as regards water supplies, the target has almost been reached.

The greatest satisfaction comes from considering the number of lives made happier in part, and perhaps mainly, through the Health Services, and the number of lives positively saved.

In the first category :—

The eradication of Rickets, the deformities prevented, the suffering spared.

The reduction in incidence of Tuberculosis.

The virtual elimination of Typhoid.

The conquest of Diphtheria.

The rearing of healthier children, facilitated by Maternity and Child Welfare and School Health Services.

The spread of " Health " knowledge.

The reduction and increased " treatability " of the Venereal Diseases.

The prolongation of life by the Village Settlement principle.

In the latter category :—

The enormous reduction of Infant Mortality.

The significant reduction of Maternal Mortality, with its effect on the family unit.

The conquest of Diphtheria.

The falling Tuberculosis Mortality.

The deferment of death itself to older old age.

Many of these improvements have been long-term processes, but the example of Diphtheria is portentous for the future in its short-term and positive operation. The work of immunisation only began seriously in 1942, yet, if we maintain our armour, the enemy is now beaten.

Will Whooping Cough succumb in like manner ?

Other advances in medicine which no-one dared predict ten or fifteen years ago are proving (to paraphrase) " Captains of the men of Life," removing the dread of " Puerperal *Fever* " (the term sounds and IS obsolete), Pneumonia, Meningitis, Typhoid (if rarely contracted), many infective conditions, and even Tuberculosis itself.

Ladies and Gentlemen, we have progressed.

I will not, I am no mathematician, offer tedium with figures ; but the lives saved in a span of twenty years in this single County as a result of the changes mentioned would amount to a resounding figure, *a veritable army of the saved*.

The calculation could, of course, be made, but I am content with the broad landscape.

Contributing to all these things have been many material, almost monumental, provisions by the Council, the bricks and mortar, the implements and tools :—

The Ransom Sanatorium ;

The Sherwood Village Settlement ;

The ill-fated but massive Balderton Colony ;

The improved and extended " Institutions," including new Maternity Units ;

The improved Kilton Hill Hospital ;

The Southwell Nursery ;

The many new *ad hoc* Clinic, Dispensary and Centre buildings ;
all these have played a part, vitalised by a purpose and the staff which they have housed.

Less " material " but no less important may be added Schemes such as the pioneer Thoracic Surgery Scheme (with its splendid " Unit " building at the Ransom Sanatorium) ; the virile, and also pioneer, Health Education Service ; the long-visioned act of faith in the employment twenty-five years ago of a whole-time County Rivers Pollution Inspector to preserve and care for our goodly heritage of Rivers and Streams ; the establishment of a County Veterinary Service well in advance of such provision in similar Counties, to deal principally with the control of Bovine Tuberculosis as affecting man (chiefly young children) ; the provision of Consultant Services in all main Specialities, freely available at all County Hospitals and Institutions and for all necessary domiciliary purposes eighteen years before the National Health Service came into operation ; the steady expansion of the Health Visiting Service to secure friendly and competent advice in the home on matters pertaining to the bearing and rearing of healthy children, to their care through pre-school and school life to adolescence, and to the health and care of the keystone of family life, the MOTHER. This Service, now formally expanded to cover, if need be, the whole family unit including the hitherto much-neglected Father, has perhaps made the most significant contribution to improved personal and family well-being.

I trust that the small number of " original thinkers " who are canvassing ideas about some new form of conglomerate Health Visitor, trained in some template to pre-fabricated perfection, will at least—think.

One other Service which the Council have developed in wide-ranging strides over the past half-century is the School Health Service.

This, my first love in Public Health, has been reported upon separately in my Annual Report as County School Medical Officer, but it is a part of the total Health Service and not a country cousin.

My last satisfaction, a melancholy and yet a pleasant one, is that I leave to my successor a staff upon which he can rely.

It has been my very good fortune to serve for practically the whole of my time as County Medical Officer under one Chairman of the Health Committee, Mr. Alderman W. Bayliss, C.B.E., J.P.

His guidance, his criticisms, his encouragement and support have helped and sustained me in many a difficult moment, and I am proud and grateful to have served under his inspiring leadership.

In conclusion I wish to acknowledge gratefully the loyal and capable services of my staff over many years, sharing the many rewarding tasks of Peace and the considerable responsibilities of War.

In connection with this Report I wish to thank Heads of Sections, Senior Clerks and their Staffs for the work done in the preparation of the body of the Report which follows.

I am happy that I can with confidence leave the tasks of the future in the hands of my successor, Dr. C. W. W. Jeremiah, my capable Deputy for so many years.

To the Chairman and Members of the Council, to past Members under whom I served, and to all others—they are legion—who have helped and encouraged me in my work I tender thanks and bid farewell.

I am, Ladies and Gentlemen,

Your obedient Servant,

CHRISTOPHER TIBBITS.

* * * * *

STATISTICS AND NATURAL AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres) land and inland water	..	..	..	523,843
Population (Census 1951)	..	..	..	535,075
Number of Inhabited Houses (Census 1951)	..	..	Not available	
Number of Families or separate Occupiers (Census 1951)—			Not available	
Average number of persons per house (Census 1951)			Not available	
Population (estimated to the middle of the year)	..	..	535,800	
Estimated increase during the year	..	..	1,930	
Rateable Value (1st April, 1951)	..	..	£2,836,895	
Estimated product of a penny rate (1950-51)	..	..	£11,342	

VITAL STATISTICS.

The Vital Statistics for the year 1951, together with those for the previous year for comparison, are shown on the opposite page.

The total population of the County at mid-year 1951, as estimated by the Registrar General, was 535,800, an increase of 1,930 on that for the previous year. As in 1950, this estimate includes members of the armed forces stationed in the area.

The number of deaths from all causes was 6,004, compared with 5,571 for the previous year. The death rate from all causes for 1951 was 11.2 per thousand of population, compared with 10.4 for 1950. The death rate for England and Wales was 12.5 per thousand population (11.6 in 1950).

The number of live births in the County was 8,551 as compared with 8,683 in 1950.

The birth rate was 15.9 (16.3 in 1950) for the County, compared with 15.5 (15.8 in 1950) for England and Wales.

The number of infants in the County who died before reaching the age of one year during 1951 was 252, as compared with 300 during 1950, and this is reflected in the infantile mortality rate, which thus showed an appreciable decrease, being 29.4 per thousand live births compared with 34.5 for 1950. This is the lowest recorded rate for the County, the previous lowest being 32.0 in 1949.

The number of maternal deaths in the County during the year was 6, as compared with 12 the previous year.

The maternal mortality rate per thousand live and still-births was 0.68 (1.34 in 1950) as compared with 0.79 (0.86 in 1950) for England and Wales.

The deaths from Tuberculosis in the County during 1951 numbered 144 (124 Pulmonary and 20 non-Pulmonary) and the death rate of 0.27 for all forms of Tuberculosis is the lowest ever recorded, the previous lowest being 0.35 in 1950.

The death rate of 0.23 for Pulmonary Tuberculosis is also the lowest ever recorded, the previous lowest being 0.31 in 1950.

The corresponding rates for England and Wales were :—

Pulmonary—0.27 (0.32 in 1950) ; Non-Pulmonary—0.04 (0.04 in 1950), and all forms—0.31 (0.36 in 1950).

The number of deaths from Cancer decreased by 105 compared with 1950, the figures being :—

1950 . . 916

1951 . . 811

and the Cancer death rate for 1951 is 1.51, compared with 1.71 in 1950.

The Cancer death rate for England and Wales was 2.0 in 1950, and 1.96 in 1951.

1. Infantile Mortality.					1950.	1951.
Rate per thousand live births—						
a.	Whole County	..	..	..	34.5	29.4
b.	England and Wales	..	..	..	29.8	29.6
2. Maternal Mortality.						
(i)	Rate per thousand live births—					
a.	Whole County	..	..	..	1.38	0.70
b.	England and Wales	..	..	..	Not available	
(ii)	Rate per thousand total (live <i>and</i> still) births—					
a.	Whole County	..	..	..	1.34	0.68
b.	England and Wales	..	..	..	0.86	0.79
3. Puerperal Sepsis.						
(i)	Rate per thousand live births—					
a.	Whole County	..	..	..	—	—
b.	England and Wales	..	..	..	Not available	
(ii)	Rate per thousand total (live <i>and</i> still) births—					
a.	Whole County	..	..	..	—	—
b.	England and Wales	..	..	..	0.03	0.09
4. General Death Rate.						
a.	Whole County	..	..	..	10.4	11.2
b.	England and Wales	..	..	..	11.6	12.5
5. Birth Rate.						
a.	Whole County	..	..	..	16.3	15.9
b.	England and Wales	..	..	..	15.8	15.5
6. Tuberculosis Mortality.						
Pulmonary—						
a.	Whole County	..	..	..	0.31	0.23
b.	England and Wales	..	..	..	0.32	0.27
All Forms—						
a.	Whole County	..	..	..	0.35	0.27
b.	England and Wales	..	..	..	0.36	0.31
7. Deaths from Cancer, Malignant Disease.						
a.	Whole County	..	..	..	1.71	1.51
b.	England and Wales	..	..	..	1.00	1.96

The general death rate, birth rate, tuberculosis mortality rates and cancer death rate given above are per thousand of the estimated population.

The following table* gives the chief vital statistics for the years 1950 and 1951 for England and Wales (as supplied by the Registrar-General) and for the County of Nottingham for comparison.

	Birth rate per 1,000 of population.		Death Rate per 1,000 of population.		Deaths under one year per 1,000 births.	
	1950	1951	1950	1951	1950	1951
England and Wales	15.8	15.5	11.6	12.5	29.8	29.6
126 County Boroughs, etc. ..	17.6	17.3	12.3	13.4	33.8	33.9
148 Smaller Towns	16.7	16.7	11.6	12.5	29.4	27.6
London, Admin. County ..	17.8	17.8	11.8	13.1	26.3	26.4
County of Nottingham ..	16.3	15.9	10.4	11.2	34.5	29.4
Aggregate Urban Districts ..	16.1	15.9	10.5	11.4	36.4	30.7
Aggregate Rural Districts ..	16.3	16.06	10.2	10.8	31.2	26.6

These rates are calculated on the estimated populations supplied by the Registrar-General.

*The rates supplied by the Registrar-General for England and Wales, County Boroughs, Smaller Towns and London, are provisional figures based on Weekly and Quarterly Returns.

Births.

The number of live births registered in the County during 1951 was 8,551 compared with 8,683 the previous year. The rate was 15.9 compared with 16.3 in 1950.

Males exceeded females by 379.

The number of illegitimate births registered during 1951 was 396 compared with 394 in the previous year.

Particulars of the number of illegitimate births registered, the rate per thousand of the population and the rate per thousand live births each year since 1942 are given in the following table.

ILLEGITIMATE BIRTHS.

Year	No. of Illegitimate Births registered	Rate per 1,000 of the population	Rate per 1,000 live Births
1942	442	0.92	51.1
1943	541	1.15	58.5
1944	629	1.32	60.8
1945	699	1.47	76.8
1946	610	1.23	61.0
1947	489	0.97	45.8
1948	480	0.92	50.6
1949	450	0.86	49.4
1950	394	0.73	45.4
1951	396	0.72	46.4

Deaths.

The number of deaths registered during 1951 was 6,004 (3,184 males and 2,820 females) giving a rate of 11.2 per thousand of the estimated population compared with 10.4 for the previous year.

The corresponding rate for England and Wales for 1951 was 12.5 (1950—11.6).

Principal Causes of Death.

The chief causes of death for the whole County in order were as follows :—

Heart Diseases	..	..	..	..	1,877
Cancer, Malignant Disease	..	..	..	..	811
Vascular Lesions of Nervous System	..	..	..	..	808
Diseases of Respiratory System (excluding Tuberculosis)	..	..	..	..	723
Influenza	..	..	..	..	169
Tuberculosis (all forms)	..	..	..	..	144

Deaths of Infants under One Year of Age.

The number of registered live births and of infants, legitimate and illegitimate, who died during 1951 before reaching the age of one year, was as follows :—

	No. of Registered Live Births			No. of Deaths of Infants under one year of age		
	Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total
Male ..	4,207	208	4,415	140	14	154
Female .	3,948	188	4,136	91	7	98
TOTALS	8,155	396	8,551	231	21	252

The deaths of twenty-one illegitimate infants under one year of age out of a total of 396 registered illegitimate live births give an illegitimate infantile mortality rate of 53 per thousand compared with a legitimate infantile mortality rate of 28.3 per thousand arising from the death under one year of age of 231 infants out of a total of 8,155 registered legitimate live births.

The total infantile mortality rate for 1951 was 29.4 per thousand registered live births. This rate is the lowest recorded for the County, the next lowest rate being 32 in 1949.

**Table of Causes of Death of Children
Under One Year of Age.**

	NUMBER OF DEATHS			Rate per 1,000 live Births
	Urban Districts	Rural Districts	County	
Tuberculosis—Respiratory..	—	1	1	0.11
Tuberculosis—Other ..	3	—	3	0.35
Syphilitic Disease	1	—	1	0.11
Whooping Cough	1	2	3	0.35
Meningococcal Infection ..	—	1	1	0.11
Measles	4	—	4	0.46
Other Infective and Parasitic Diseases	1	1	2	0.23
Malignant Neoplasm ..	1	—	1	0.11
Influenza	—	1	1	0.11
Pneumonia	34	6	40	4.69
Bronchitis'	3	1	4	0.46
Other Diseases of Respi- ratory System	—	1	1	0.11
Gastritis, Enteritis and Diarrhoea	5	2	7	0.82
Congenital Malformations ..	34	8	4	4.91
Other Defined and Ill-defined Diseases	95	40	135	15.78
Accidents	1	5	6	0.70
TOTALS ..	183	69	252	29.41

Birth and Death Rates (Corrected).

To render the local crude birth and death rates comparable with the country as a whole it is necessary to correct them by the application of a factor which compensates for differences in age and sex distribution in the local population, compared with the distribution in the country as a whole. Such factors have been furnished by the Registrar-General in respect of each of the County Districts, for the aggregates of Urban Districts and Rural Districts, and for the County as a whole.

The following table gives the crude rates for each district, the correcting factors by which the crude rates are to be multiplied, and the resultant corrected rates.

DISTRICT	BIRTHS			DEATHS		
	Crude Rate per 1,000 of the Population	Area Comparability Factor	Corrected Rate per 1,000 of the Population	Crude Rate per 1,000 of the Population	Area Comparability Factor	Corrected Rate per 1,000 of the Population
URBAN DISTRICTS						
Ashefield M.B. ..	15.83	0.97	15.35	11.75	1.10	12.92
Barnsley M.B. ..	17.00	1.07	18.19	11.63	1.20	13.96
Doncaster M.B. ..	15.46	1.01	15.61	12.79	0.99	12.66
East Retford M.B.	17.30	0.99	17.13	13.66	0.95	12.98
Goldthorpe	14.06	0.96	13.50	10.81	1.09	11.78
Leeds & St. James	14.63	0.97	14.19	10.09	1.17	11.80
Leeds	15.13	0.97	14.68	10.36	1.05	10.88
Leedswood	19.99	1.04	20.79	9.42	1.20	11.30
Leeds Knoll	17.26	0.99	17.09	10.47	1.23	12.88
Leedsby-in-Ashfield	14.96	1.04	15.56	12.23	1.14	13.94
Leedsfield W'house	18.09	1.04	18.81	10.20	1.24	12.65
Leeds-in-Ashfield	16.89	1.01	17.06	11.85	1.17	13.86
Leedsop	17.78	1.01	17.96	10.17	1.26	12.81
Leeds Bridgford ..	13.39	1.00	13.39	13.51	0.82	11.08
Aggregate of Urban Districts	15.91	1.00	15.91	11.40	1.10	12.54
RURAL DISTRICTS						
Ashefield	15.97	1.02	16.29	11.57	1.03	11.91
Doncaster	14.05	1.08	15.17	11.16	0.88	9.82
Barnsley	18.12	1.01	18.30	8.39	1.27	10.65
East Retford	14.41	1.09	15.70	12.19	0.94	11.46
Doncaster	17.81	0.96	17.10	10.68	0.98	10.47
Leedswood	16.74	1.06	17.74	9.91	1.13	11.20
Aggregate of Rural Districts	16.06	1.04	16.70	10.79	1.03	11.11
Whole County ..	15.95	1.01	16.11	11.20	1.08	12.10

INFECTIOUS DISEASES.

The total number of cases of infectious diseases notified, other than Tuberculosis, amongst the County civilian population during the year were as follows :—

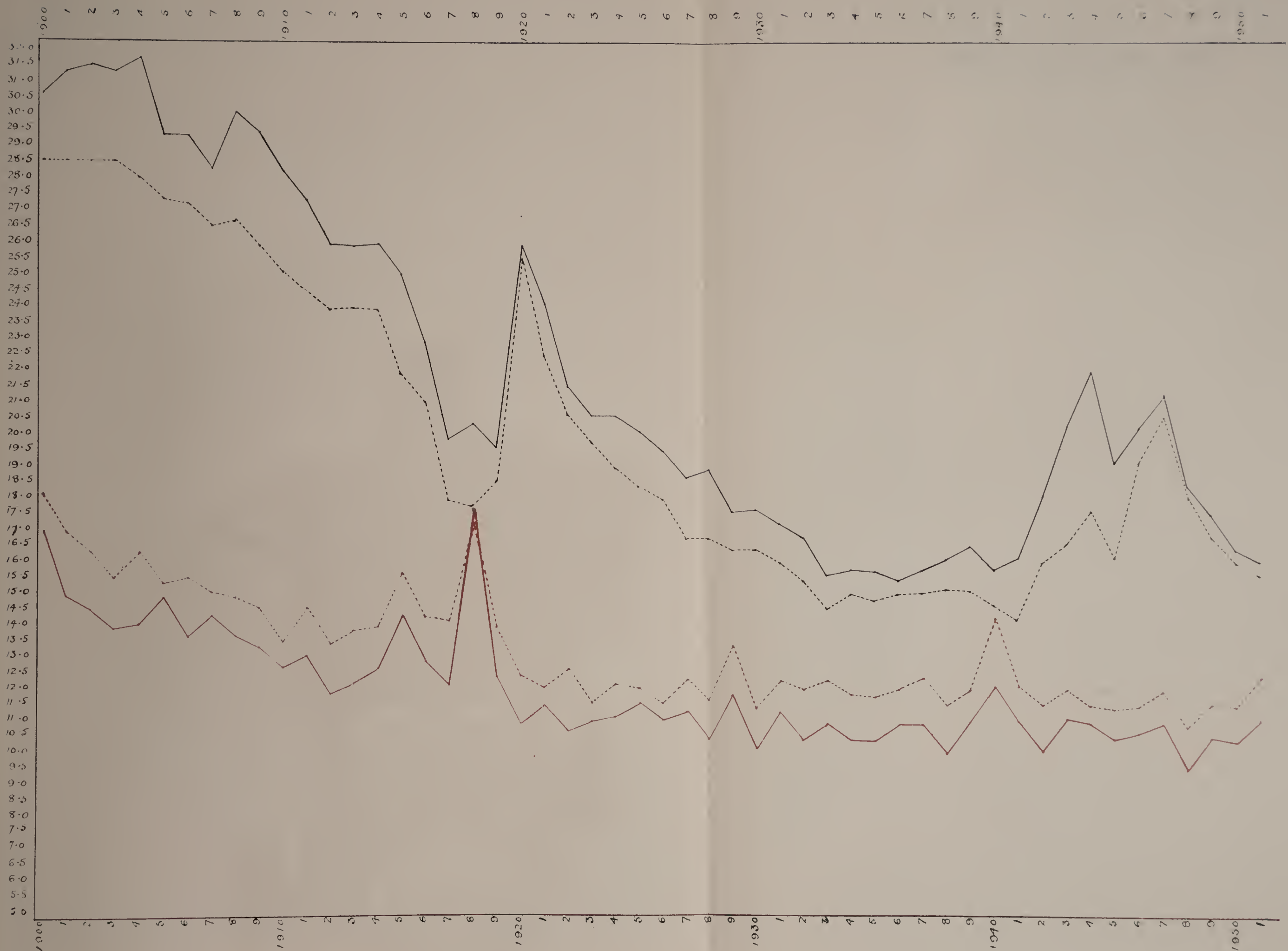
DISEASE						Cases Notified
Scarlet Fever	.	.	.	.	.	647
Whooping Cough	.	.	.	.	.	1,661
Diphtheria	.	.	.	.	.	2
Measles	.	.	.	.	.	7,047
Acute Pneumonia	.	.	.	.	.	391
Meningococcal Infection	.	.	.	.	.	7
Acute Poliomyelitis	—Paralytic				16	25
	Non-paralytic				9	
Acute Polioencephalitis	—Infective				1	4
	Post-infectious				3	
Dysentery	.	.	.	.	.	94
Ophthalmia Neonatorum	.	.	.	.	.	4
Pemphigus Neonatorum	.	.	.	.	.	1
Puerperal Pyrexia	.	.	.	.	.	27
Paratyphoid Fevers	.	.	.	.	.	3
Enteric or Typhoid Fever	.	.	.	.	.	1
Food Poisoning	.	.	.	.	.	35
Gastro-Enteritis	.	.	.	.	.	3
Erysipelas	.	.	.	.	.	77

In cases where a copy of an infectious disease notification submitted in accordance with statutory requirements (*i.e.*, as soon as a doctor became aware that his patient was suffering from a notifiable condition) was passed to the County Council within 12-48 hours of receipt by a County District Council, the fee paid to the general medical practitioner by the Local Authority was reimbursed by the County Council.

In all cases the Council's Health Visitors were provided with full particulars in order to facilitate preventive action.

BIRTH AND DEATH RATES

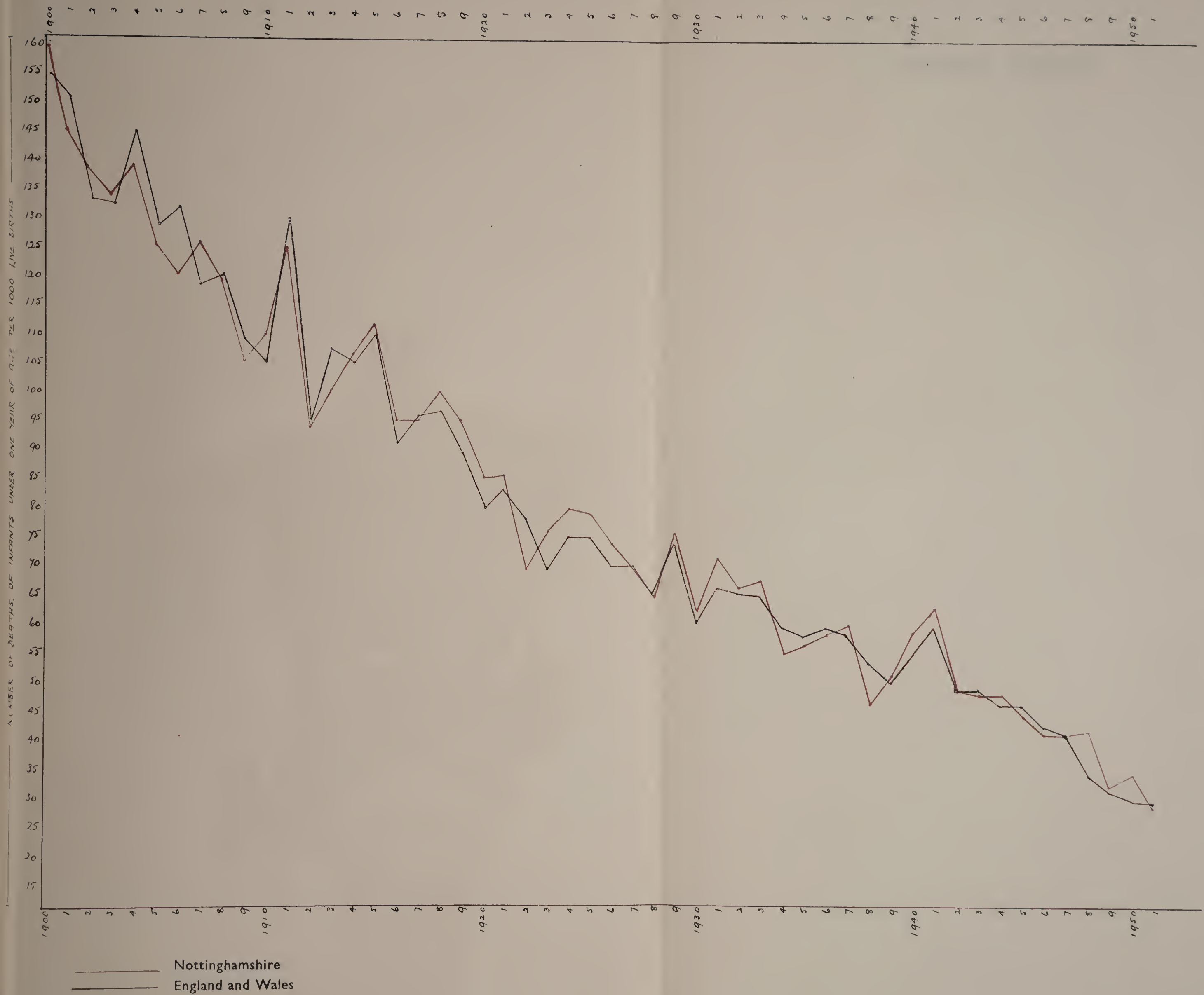
NOTTINGHAMSHIRE COMPARISON OF BIRTH AND DEATH RATES, 1900 ONWARDS



— Birth Rate, Nottinghamshire
 - - - Death Rate, Nottinghamshire
 — Birth Rate, England and Wales
 - - - Death Rate, England and Wales

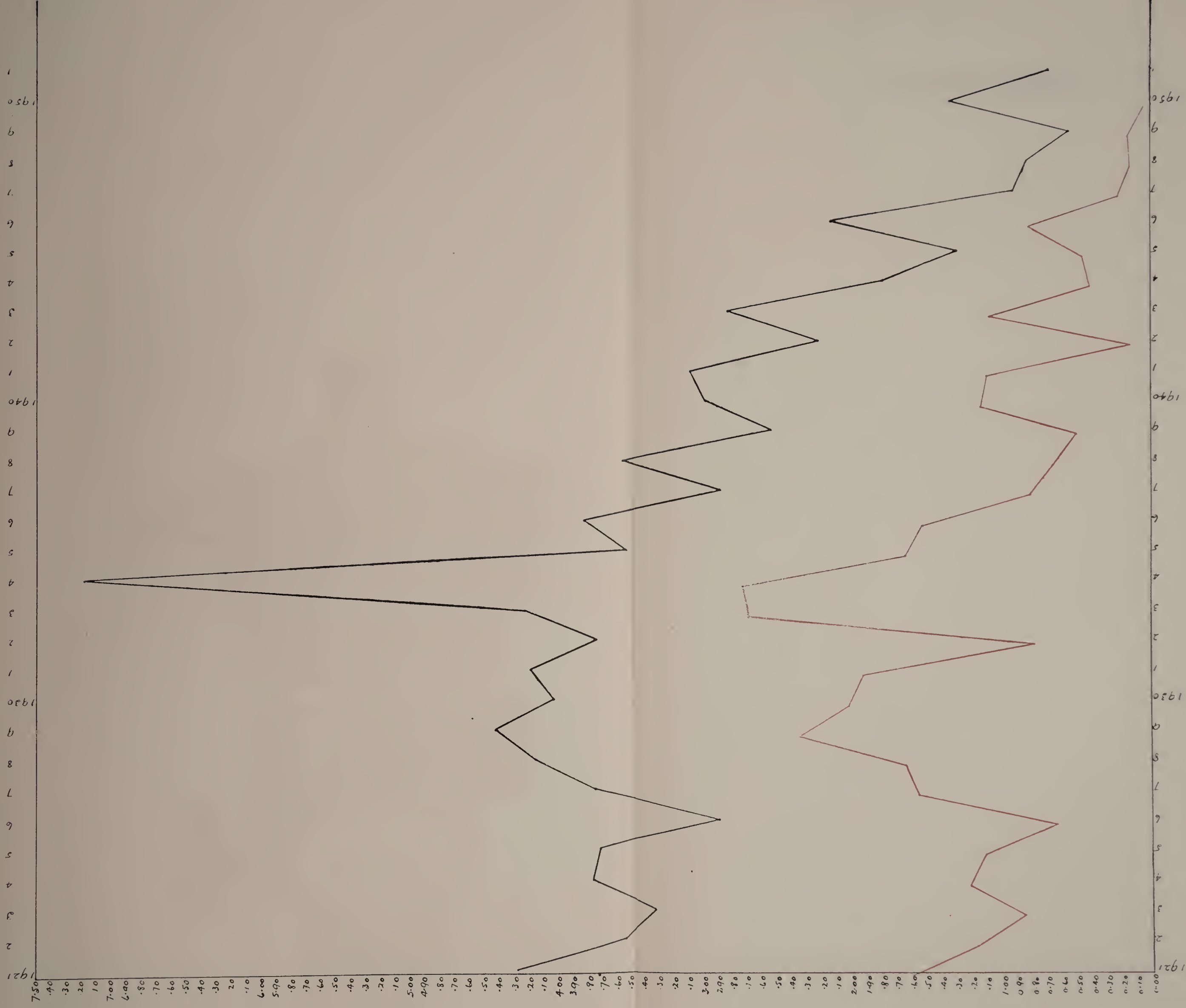
INFANTILE MORTALITY

NOTTINGHAMSHIRE INFANTILE MORTALITY, 1900 ONWARDS



MATERNAL MORTALITY

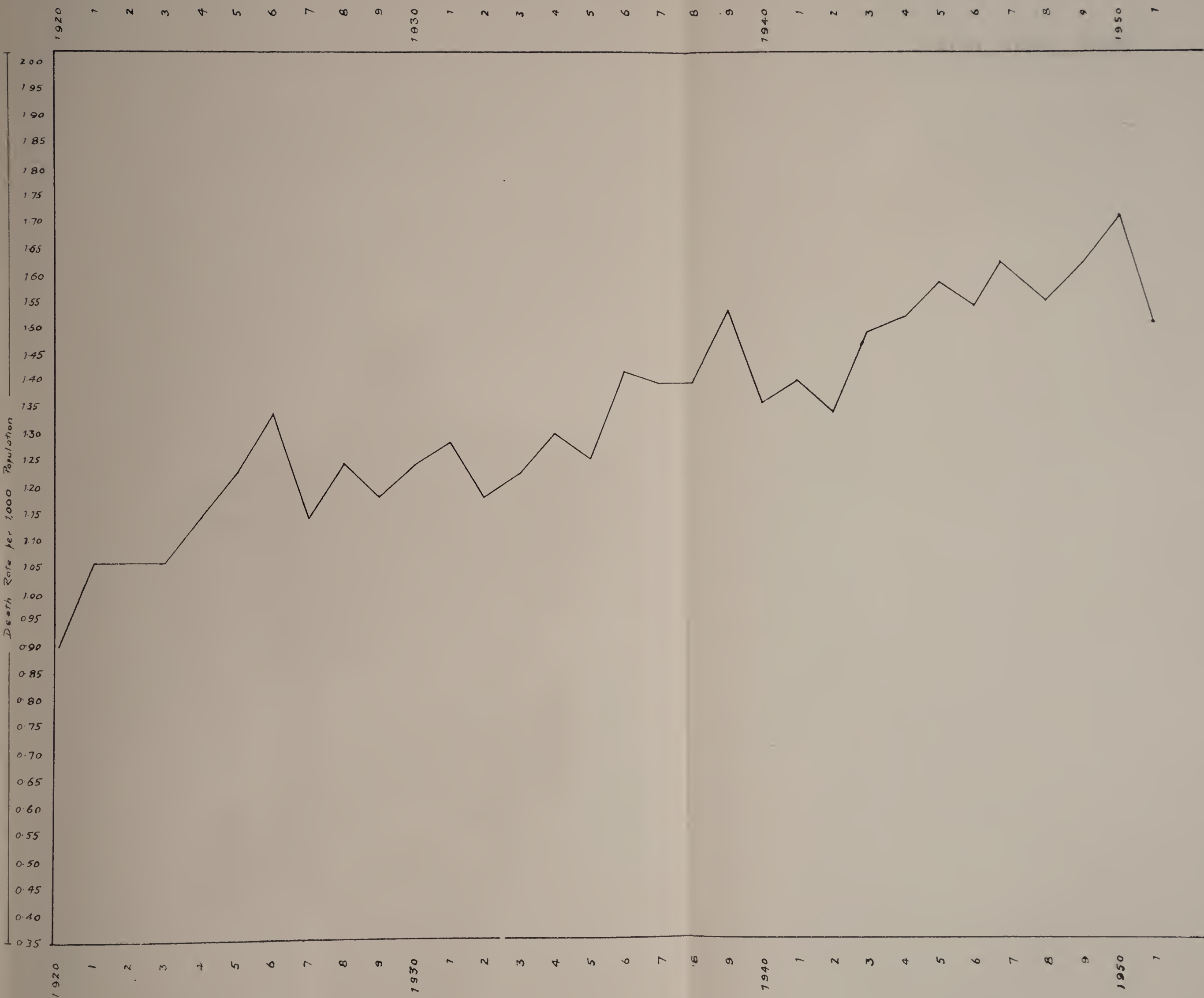
NOTTINGHAMSHIRE
MATERNAL MORTALITY, 1921 ONWARDS



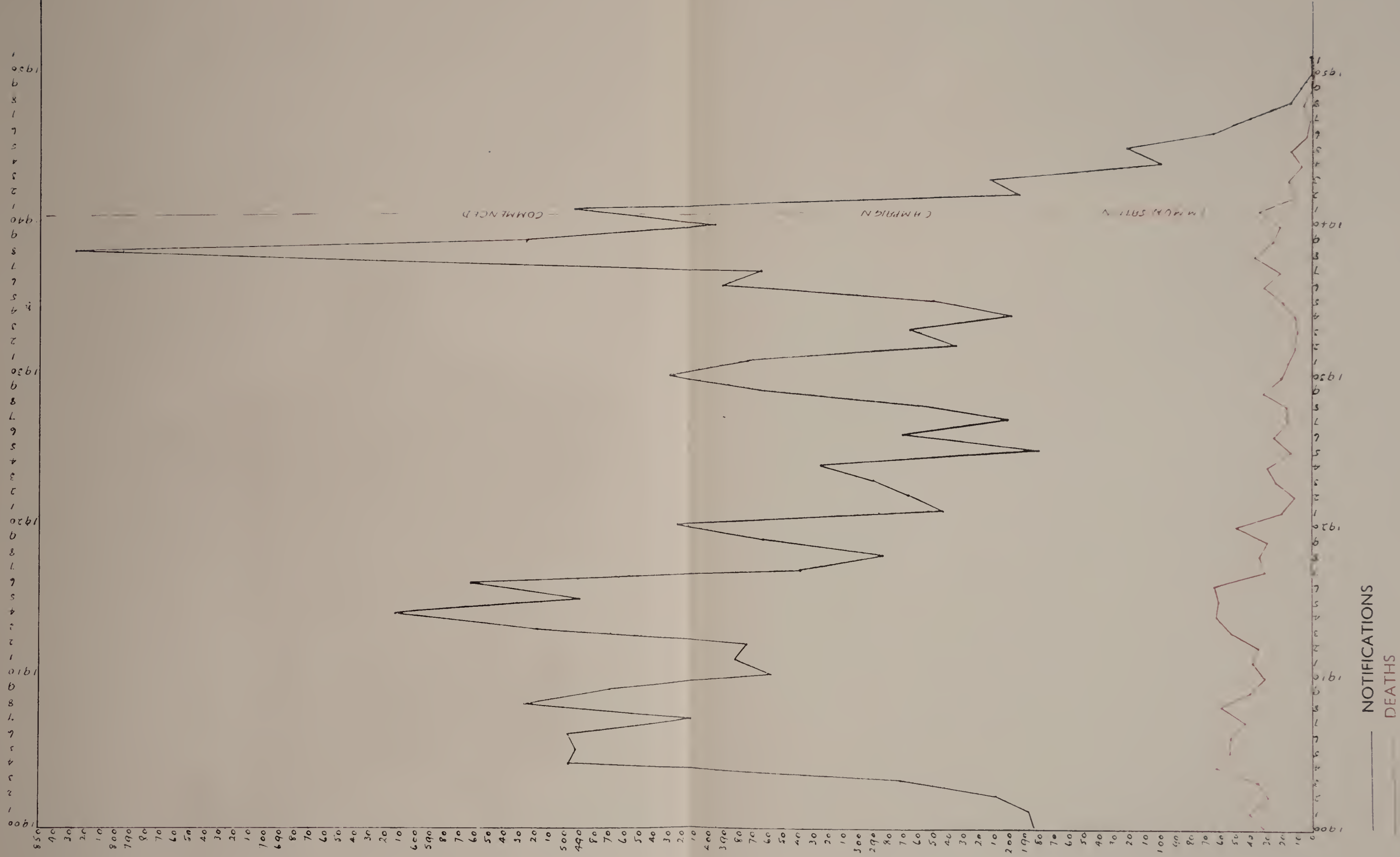
— All Maternal Deaths per 1,000 Live and Stillbirths
— Deaths from Sepsis per 1,000 Live and Stillbirths

CANCER DEATH RATE

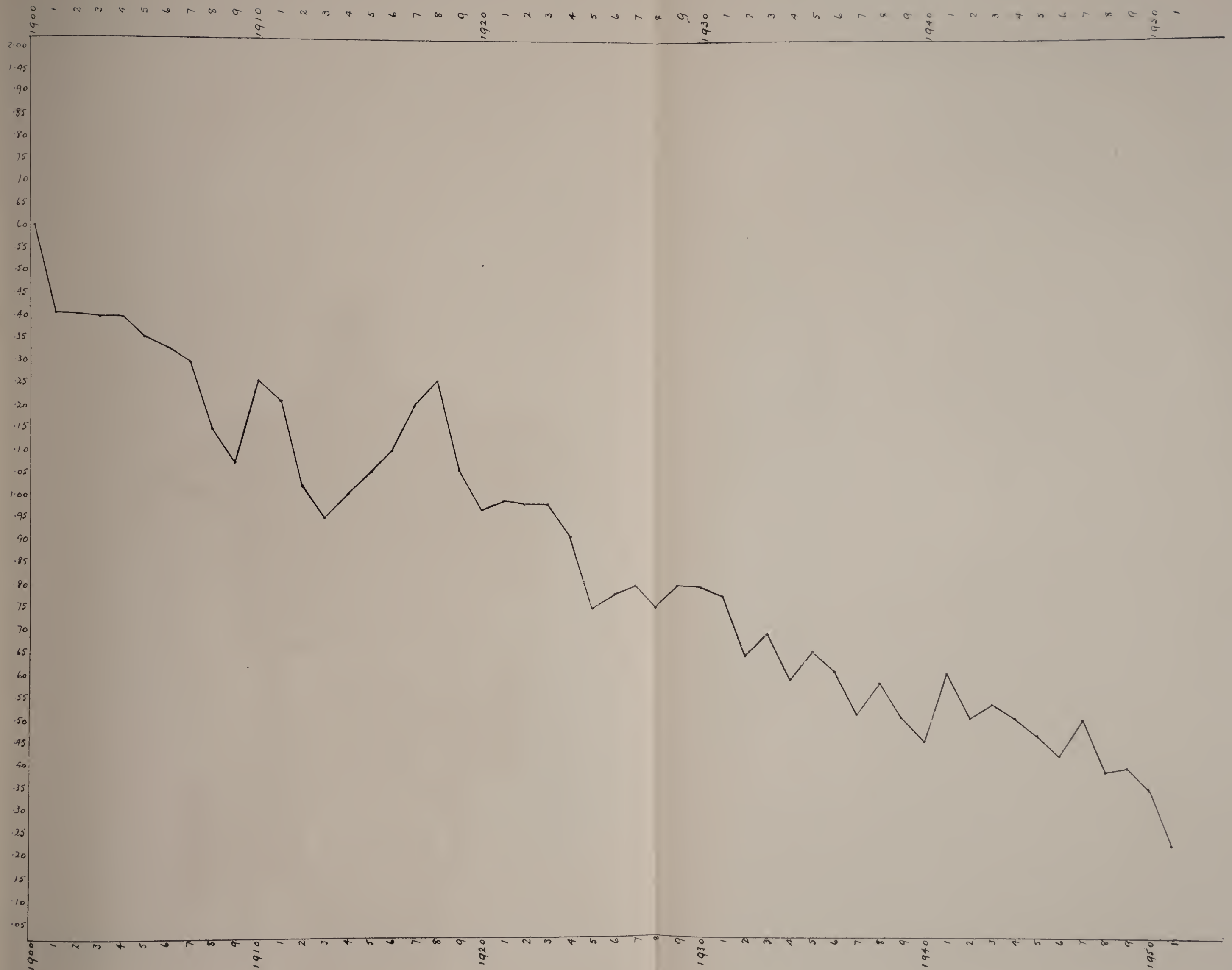
NOTTINGHAMSHIRE
CANCER DEATH RATE, 1920 ONWARDS



NOTTINGHAMSHIRE



NOTTINGHAMSHIRE
TUBERCULOSIS DEATH RATE, 1900 ONWARDS



SANITARY CIRCUMSTANCES OF THE AREA.

Prevention of Pollution of Rivers and Streams.

This Report deals only with work carried out during the first three months of the year. From the 1st April, 1951, the functions exercised by the County Council under the Rivers Pollution Prevention Acts of 1876 and 1893, were transferred, under the River Boards Act 1948, to the Trent River Board.

The following is a short summary of the work during the period January to March, 1951 :—

Industrial Pollution.

The winter's campaign at the two Beet Sugar Factories was of long duration extending from October until the second week in February. At the Colwick Works the samples of final effluents taken showed the need of some further degree of purification. For most of the season the pulp press water was discharged with the general waste waters to the settling lagoons and this caused a gradual deterioration in the quality of the effluents. Representations were made requesting the return to the process of the whole of the pulp press water during the next season and also asking that much more settling room be made available in the ponds. At the Kelham Factory also the samples indicated the need for some further degree of purification but generally the results tended to show that the division of the lagoons had been beneficial. Representations were made stressing the importance of making available in the lagoons sufficient capacity for the deposition of solid matter for the whole period of the campaign.

The unsatisfactory conditions at Pye Hill Colliery which were brought to the notice of the Area General Manager resulted in a firm of contractors being employed to prepare a new settling area and to clean out the stream.

At Bentinck Colliery pollution by slurry waste was corrected by increasing the pumping hours, and at Teversal Colliery excavations had commenced for the construction of a larger settling area on a field below the pit. At Clipstone Colliery pollution by slurry waste had occurred largely because the settling tanks had become full of solid matter. These were being cleaned out and an undertaking had been received that a defective pipe in the culvert of the stream would be repaired. At Sutton Colliery there had been some difficulty in adequately cleaning out the tanks. In response to requests part of the stream was cleaned out near Skegby Hall School and a promise given that every endeavour would be made to clean out the tanks completely.

At Linby Colliery the constructional work on the new coal washing plant had been completed and trial runs were being made. For the treatment of the slurry waste a froth flotation plant and rotary filter have been installed in the washery. The rejected dirt from the plant will be settled in a tank of the " Unifloc " type and the thickened liquid

from this will be pumped to a lagoon on the new tipping area. It is also proposed to construct a new series of settling tanks, to replace some existing channels for the boiler water waste and to provide room for any emergency discharges from the washery tower.

Sewerage and Sewage Disposal.

On two occasions in January the pumping station at Jacksdale was stopped and there were overflows of untreated sewage to the River Erewash. On the first occasion a joint on one of the pipes of the rising main had broken and this was repaired as soon as possible. On the second occasion, it is understood, subsidence had caused a burst in a section of the rising main, and repairs were at once carried out.

Statistics.

Analysis of Samples.

Summary of analyses of samples examined in the County Laboratory during 1951 :—

Sewage Disposal Works :—

Good effluents	..	..	..	..	12	
Fair effluents	..	..	..	..	3	
Unsatisfactory effluents	..	..	..	..	5	
Bad effluents	..	..	..	..	4	
					—	24
Manufactory effluents	..	..	..	..		5
Observation sample	..	..	..	..		1
						—
						30
						==

Visits of Inspection.

The number of visits paid during the year was as follows :—

Industrial Works	..	..	..	..	136
Sewage Disposal Works	..	..	..	..	68
					—
					204
					==

Generally.

It is now nearly twenty-four years since the County Council approved the appointment of a whole-time officer to carry out the work of rivers pollution prevention. During this period the Rivers Pollution Sub-Committee and later the Environmental Health Sub-Committee have regularly considered the reports placed before them and their attitude has been one of sympathy together with a desire to understand and appreciate the difficulties both of local authorities and industrial concerns.

Until the commencement of the war in 1939 much progress could be seen in the construction and extension of sewage disposal works, but the financial stringency following upon the war and continuing at

the present time has almost stopped progressive and necessary work on old and new sewerage and sewage disposal schemes. Many sewage works are over-burdened and the increased flow of sewerage from new housing estates, equipped with every modern sanitary convenience, make it very desirable that extensions should be carried out at most sewage works.

Very little work of this kind is allowed to go forward in spite of the fact that schemes have been prepared. Tribute can very willingly be paid to most of the District Councils for their desire to maintain their existing sewage works efficiently and to the devotion of the various officials responsible for the operation of the purification plants.

A very large part of the work has been concerned with the effluents from coal washing plants at Collieries. Here also it may be said that up to the beginning of the war real progress had been made with the provision of adequate purification plants. With the speeding up of production and the consequent increase in the amount of waste material to be dealt with, many of the existing plants have become inadequate and satisfactory conditions are only maintained by constant attention. Here too there are several new schemes contemplated but progress is retarded by lack of materials and financial economy.

It has always been the principle of the Committee to try to improve the condition of our rivers and streams by persuasive means. This may be somewhat slower than the stricter method of keeping to the letter of the law, but generally it has the advantage of avoiding friction and of building up a friendly relationship with the various officers in charge of purification plants both at sewage works and industrial works. With the passing of this section of public health work to the new River Board it is to be hoped that the same valuable relationship will be continued. The River Boards will be given greater powers under their Rivers (Prevention of Pollution) Bill. They will be able to make bye-laws and to set up standards for different rivers. With these enhanced powers and a specialised staff controlling the whole watershed of a river it should be possible to make real progress against pollution, especially when there is a lessening of financial stringency which is responsible for the holding up of so many worthy schemes.

Sewerage and Sewage Disposal.

Several new plants were completed during the year, and there were many improvements and extensions of existing plant. Details of the more important new works are as follows :—

Worksop M.B.

Extensions to sewers consisting of 1,104 yards of 9" and 12" foul water sewer, and 1,228 yards of 9" and 15" surface water sewer.

Newark M.B.

3,016 lineal yards of sewer to Hawton Road Housing Scheme.

East Retford M.B.

A new Pumping Station constructed and commissioned to serve Northerly part of Hallcroft Estate.

Arnold U.D.

Extension and provision of foul and storm water sewers for Cross Street—Mansfield Road Housing Estate.

Beeston and Stapleford U.D.

The Council accepted a tender of approximately £80,000 for the carrying out of a scheme to alleviate flooding which had been caused in parts of Beeston by the surcharging of sewers in time of storm, and work is now actively proceeding on the scheme.

Carlton U.D.

Extension of sewers to Fraser Road Housing Site, consisting of 518 lineal yards of 9" foul water sewer and 477 lineal yards of 9" and 12" surface water sewer. Twenty-six properties in Arnold Lane have been connected to the main sewer.

Eastwood U.D.

Progress was made during the year with the re-laying of main sewers at Derby Road, Bailey Grove and Nethergreen, the flow at this latter point having been much improved.

The construction of the new Sewage Disposal Works at Newthorpe commenced towards the middle of the year, and fair progress was maintained throughout the remainder of the year.

Sutton-in-Ashfield U.D.

Six new sludge drying beds were constructed at the main Sewage Works at Unwin Road.

Warsop U.D.

Work was commenced on the extensions to the sewage disposal works, and good progress was made. When completed the following additions will have been made :—

- (a) Dividing Chamber (4" flume to old works and 16" flume to new works.
- (b) Three detritus tanks.
- (c) Two vertical settling tanks, together with dosing chambers.
- (d) Four bacteria beds 85' 6" diameter filled with graded granite.
- (e) Two humus tanks.
- (f) Eighteen sludge drying beds.

In connection with this scheme a combined foul and surface water sewer consisting of 970 yards of 15" pipe and 530 yards of 12" pipe was constructed in Burns Lane in order to relieve the flow in the existing 9" sewer in Church Street.

It is also proposed to extend the existing 9" sewer in Sherwood Street a further 1,450 yards and this will enable cesspools to be abolished at 72 properties.

Worksop R.D.

A total of 568 lineal yards of 6" foul water sewer, 1,153 lineal yards of 6" surface water sewer, and 108 lineal yards of 9" surface water sewer were laid to serve new properties.

East Retford R.D.

Additional sewage disposal plants at Council house sites at North Leverton and South Wheatley were taken over from the Contractors for maintenance.

Newark R.D.

A small sewage works for 40 Council houses at Farndon was completed, and one at Collingham was commenced.

Southwell R.D.

Small sewage disposal plants were constructed on the Council's housing sites at Bleasby, Eakring and Carlton-on-Trent.

Work undertaken by the County Health Inspector.

Summary of Inspections.

Investigations in connection with public water supplies ..	45
Investigation of complaints of sanitary defects from Health Visitors, County Residents, etc.	165
Investigation of sanitary circumstances generally (including interviews with Officers of County Districts)	454

Dairies and Cowsheds.

<i>No. Inspected</i>	<i>Satisfactory</i>	<i>Fairly Satisfactory</i>	<i>Unsatisfactory</i>
101	35	41	25

Rural Housing Survey.

I would have been happy to have recorded the completion of the Rural Housing Survey in this County and it is to be regretted that the survey, begun with such high hopes more than seven years ago, still remains incomplete.

In a recent progress report on the Housing Survey throughout thirty-four counties including our own county of Nottinghamshire, it is calculated that 160,000 rural dwellings require demolition and replacement and nearly 400,000 require major repair and improvement.

Whilst emphasis on the erection of new houses remains as a general policy, inevitably one feels the time must be approaching for a similar campaign of like vigour directed towards the reconditioning or demolition of the unfit country cottage.

When this time comes I feel sure the Rural District Councils will be only too anxious to give practical application to the measures provided.

Public Cleansing.

The following improvements were effected during the year :—

Worksop M.B.	..	One new 9.7 cubic yard side-loading vehicle put into service.
Newark M.B.	..	Controlled tipping now in operation for 90% of refuse.
East Retford M.B.		Salvage of waste paper re-commenced.
Arnold U.D.	..	One new replacement 10 cubic yard refuse vehicle brought into service.
Beeston & Stapleford U.D.		Two new rear-loading vehicles added to fleet.
Carlton U.D.	..	Salvage of waste paper re-commenced, and an average of 15 tons per month is being obtained. A further area of land was prepared for use as a tipping ground as and when required.
Eastwood U.D.	..	A weekly collection of refuse was maintained. Tipping on land at Nottingham Road was resumed following the purchase of an additional area adjoining the old tip. The unwanted turf on the new tipping ground has been used to convert part of the old tip into a full-sized football pitch—a practical example of land reclamation resulting from the disposal of waste material.

Hucknall U.D. .. One open vehicle was replaced by a covered rear-loading type with mechanical packing device.

Mansfield Woodhouse U.D. Public Cleansing became the responsibility of the Public Health Department from the 1st April. Except for a few isolated properties a weekly collection is maintained.

Newark R.D. .. One new replacement vehicle was put into service.

WATER SUPPLIES.

42

PARTICULARS OF SUPPLIES FROM WATERWORKS.													
DISTRICT.	Quality.	Quantity.	RESULTS OF BACTERIOLOGICAL EXAMINATIONS.						Plumbo-solvency	Action taken in respect of any form of contamination.	Proportion of houses and population connected to public mains.	Particulars of extensions of water mains.	
			Raw Water :		Water after treatment :		Results of Chemical Analyses :						
			Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory					
URBAN DISTRICTS:													
MANSFIELD (Borough) ..	Satisfactory	Satisfactory	—	—	12	—	—	12	—	Satis- factory	None	Houses and Population—95.6%.	To new Housing Estates.
NEWARK (Borough) ..	Do.	Do.	1	2	16	4	6	1	Do.	Do.	Extra chlorination carried out. Reservoir cleaned. Samples then satis- factory.	Houses and Population—100%	To Hawton Rd. Housing Scheme 1818 lin. yds.
EAST RETFORD (Borough)	Do.	Do.	53	—	51	2	—	—	Do.	Do.	Chlorination carried out at Pumping Station.	Houses and Population 100%	To Hallcroft Estate.
WORKSOP (Borough) ..	Do.	Do.	12	—	4	—	4	—	Do.	Do.	None	Houses—98.7% Population—96%	10" dia. 200 yds. 4" " 731 " 3" " 560 "
ARNOLD ..	Do.	Do.	—	1	1	—	1	—	Do.	Do.	Water from under- ground rain water tank prohibited for domestic use.	Houses and Population—100%	Branchmainson new Housing Estate.
BREESTON & STAPLEFORD	Do.	Do.	2	—	1	—	3	—	Do.	Do.	None	100% with the exception of a few isolated properties	To new prop- erties only.
CARLTON ..	Do.	Do.	—	—	3*	—	2*	—	Do.	Do.	None	Houses and Population—99.9%	Total of 1,005 lin. yds. of 2" 3", 4" & 6" mains to Valley Road, Cross St., Roslyn Avenue, Fraser Road, and Greenwood Rd.
EASTWOOD ..	Do.	Do.	—	—	—	—	—	—	Do.	Do.	None	Houses and Population—nearly	None

KIRKBY-IN-ASHFIELD ..	Do.	Unsatisfactory	4	—	3	—	3	Do.	None	Houses and Population—99.8%	To new houses
MANSFIELD WOODHOUSE ..	Do.	Satisfactory	3	—	16	—	1	Do.	None	Houses and Population—99.7%	Park Road Site 250 yds. 4" main
SUTTON-IN-ASHFIELD ..	Do.	Insufficient for present population and industries.	—	—	29	—	7	Do.	None	Houses and Population—99.7%	2,073 yds. to new Housing Estates
WARSOP ..	Do.	Satisfactory	11	—	19	—	13	Do.	Use of a shallow well discontinued.	Houses and Population—99.5%	Approx. 1,000 lin. yds. to Leeming Lane Council House Estate.
WEST BRIDGEFORD ..	Do.	Do.	—	—	—	—	—	Do.	None	Houses and Population—99.9%	To new houses.
RURAL DISTRICTS:											
BASFORD ..	Do. (excepting Willoughby-on-the-Wolds)	Do. Parish of Willoughby-on-the-Wolds)	†14	†15	†13	—	†6	*	Notices were served on the owners of unsatisfactory water supplies either to connect to main supply or to eliminate the cause of pollution.	Houses—96% Population—99%	—
BINGHAM ..	*Satisfactory	*Satisfactory	†2	†14	†3	—	—	Satisfactory	(a) Connected to mains where possible. (b) Filter installed. (c) Wells chlorinated.	Houses—59% Population—55%	To new houses and farms and other properties near mains.

* The upland waters of the Derwent supply are liable to be plumbo-solvent in action, but this tendency is corrected before delivery to the public.
† Supplies taken from wells:

WATER SUPPLIES—continued.

PARTICULARS OF SUPPLIES FROM WATERWORKS.													Proportion of houses and population connected to public mains.	Action taken in respect of any form of contamination.	Particulars of extensions of water mains.
DISTRICT.	Quality.	Quantity.	RESULTS OF BACTERIOLOGICAL EXAMINATIONS.						Results of Chemical Analyses:		Plumbo-solvency				
			Raw Water:		Water after treatment:		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory					
			Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory									
NEWARK ..	*Satisfactory	*Satisfactory	—	—	—	—	—	—	—	Satisfactory	None	Not known	(1) To Brough, (South Collingham). (2) Farndon 606 lin. yds.		
EAST RETFORD ..	Do.	Occasional drop in pressure at Welham, Hayton, Ranby and Clarborough	6	—	60	—	—	1	—	Do	Flushing and treatment of new mains.	Houses and Population—88%	2,720 yds. of 3" main from Darlton to Woodcotes.		
SOUTHWELL ..	Do.	Satisfactory	—	—	19	4	—	—	—	Do.	Cleansing of Reservoir.	Houses and Population - 95%	Southwell 474 lin. yds. Halam 200 lin. yards. Also in Parish of Rainworth and to Housing Sites at Bleasby and Forest Road, Ollerton.		
WORKSOP ..	Do.	Do.	7	—	59	1	12	—	—	Do.	Unsatisfactory sample was from a stand pipe and assumed due to dirty tap. Further sample proved to be satisfactory.	Houses—94.5% Population—95%	Ingham Road, Bawtry, 80 yds. 3". Sandymount. Harworth, 483 yds. 3". Grosvenor Rd., Harworth, 39 yds. 3". Dyscars Close, Langold, 184 yds. 3". Le Brun Square, Carlton-in-Lindrick, 55 yds. 3".		

INSPECTION AND SUPERVISION OF FOOD.

The Milk Supply.

Supervision by District Authorities.

The records of the inspections carried out during 1951, which have been furnished by District Medical Officers of Health, are as follows :—

District.	No. on Register at end of year.		No. of Inspections.		No. of Defects found.		No. of Defects remedied.	
	Distri- butors	Dairies	Distri- butors	Dairies	Distri- butors	Dairies	Distri- butors	Dairies
<i>Boroughs—</i>								
Mansfield ..	18	6	—	105	—	3	—	2
Worksop ..	13	—	22	—	—	—	—	—
Newark ..	14	3	38	38	—	—	—	—
East Retford ..	3	1	—	24	—	—	—	—
<i>Urban</i>								
<i>Districts—</i>								
Arnold ..	34	10	153		2	4	2	4
Beeston and Stapleford ..	20	9	24	14	—	1	—	1
Carlton ..	57	16	—	3	—	—	—	—
Eastwood ..	2	2	4	5	—	—	—	—
Hucknall ..	27	5	33	19	—	—	—	—
Kirkby-in- Ashfield ..	21	4	—	44	—	6	—	6
Mansfield Woodhouse	44	3	57	12	—	—	—	—
Sutton-in- Ashfield ..	67	14	303	49	6	2	6	2
Warsop ..	6	4	45	7	—	2	—	2
W. Bridgford ..	27	9	61	36	—	—	—	—
<i>Rural</i>								
<i>Districts—</i>								
Basford ..	161	368	—	64	—	2	—	1
Bingham ..	50	4	30		4		4	
Worksop ..	11	2	51	7	—	—	—	—
East Retford ..	10	1	21	3	—	—	—	—
Newark ..	6	—	4	—	2	—	2	—
Southwell ..	101	79	9	6	3	5	3	5

ROUTINE MILK SAMPLING.

Type of Sample.	By whom collected.	No. of farms involved.	No. of cows involved.	No. of Samples submitted for biological examination.	RESULT OF BIOLOGICAL EXAMINATION. No. of SAMPLES.		
					Positive.	Negative.	Not Tested.
Mixed herd (non-graded herd)	County Milk Samplers ..	2,471	25,880	862	55	751	56
School Milks	County Health Inspector	—	—	88	—	85	3
TOTALS		2,471	25,880	950	55	836	59

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949 and 1950.

The Chief Inspector of the County Food and Drugs Department has kindly provided the following information relating to Dealers' Licences in operation at 31st December, 1951, under the above-mentioned Regulations :—

	<i>Pasteurisers</i>	<i>Sterilisers</i>
Number of Licences in operation 31st December, 1950	13	1
Licences granted during 1951 ..	1	—
Licences withdrawn during 1951 ..	—	1
Number of Licences in operation 31st December, 1951	14	—

According to information provided by the County District Councils, the numbers of Licences in operation at the end of the year for the sale of the following grades of milk were as indicated :—

Pasteurised Milk	367
Sterilised Milk	407
Tuberculin Tested Milk	211
Accredited Milk	4

School Milk.

The number of School Milk samples taken on School premises during the year by the County Health Inspector and submitted for biological examination for the presence of tubercle bacillus was as follows :—

No. of Samples.	RESULT OF BIOLOGICAL EXAMINATION.				
	Positive.		Negative.		Not Tested.
	No.	Percentage.	No.	Percentage.	
88	Nil	—	85	96.6	3

Food and Drugs Act, 1938.

The above Act is administered by the County Food and Drugs Department and by courtesy of the Chief Inspector (Mr. Gregory) a summary of the work carried out during the year is given below :—

Article	Obtained	Tested by Inspectors	Analysed by Public Analyst	Genuine	Adulter- ated or Sub- standard
Almonds (Ground) ..	8		8	8	
Baking Powder ..	8		8	8	
Beverages	40		40	40	
Butter and Margarine ..	22		22	22	
Cakes and Pastries ..	31		31	31	
Cake and Flour Mixtures	28		28	27	1
Colourings and Flavourings	9		9	9	
Condiments, Pickles and Sauces	75		75	72	3
Cooking Oils and Fats ..	18		18	17	1
Cordials and Minerals ..	19		19	19	
Dried Fruit	19		19	19	
Drugs—various ..	44		44	40	4
Fish Products	18		18	14	4
Fruit and Vegetables (Canned)	46		46	46	
Herbs and Stuffings ..	10		10	10	
Ice Cream	80	8	72	65	7
Jams and Preserves ..	34		34	34	
Meat Products	78		78	73	5
Milk, Formal	881		83	56	27
Milk, Informal	2,055	2,055			
Milk, Supervised Milking	43	14	29	21	8
Milk, Condensed ..	7		7	7	
Miscellaneous Foods ..	70		70	68	2
Puddings and Pudding Mixtures	14		14	14	
Sweets	33		33	32	1
Table Jellies & Powders	34		34	32	2
Wines and Spirits ..	54		54	52	2
TOTALS ..	3,778	2,077	903	836	67

Inspection of Meat and Other Foods.

In accordance with the Livestock (Restriction on Slaughtering) Order, 1940, the slaughtering of animals for human consumption continued during 1951 to be centralised under the control of the Ministry of Food at requisitioned Slaughter Houses at Nottingham, Mansfield, Newark and East Retford so that the only inspection of Slaughter Houses and of carcasses carried out in other Sanitary Districts was in connection with the slaughtering of privately owned pigs. All Sanitary Inspectors employed by the appropriate District Councils assisted, however, in the inspection of carcasses at the Slaughter Houses used by the Ministry of Food and particulars of carcasses inspected and condemned by these Officers as reported by Medical Officers of Health of the County Districts are as follows :—

	Cattle (excluding Cows)	Cows	Calves	Sheep and Lambs	Pigs
Number killed	*14,064		8,269	33,769	15,651
Number inspected	*14,064		8,269	33,769	15,651
<i>All diseases except Tuberculosis</i> Whole carcasses condemned	*74		105	161	111
Carcasses of which some part or organ was condemned	*3,212		63	1190	717
Percentage of the number in- spected affected with disease other than Tuberculosis	*23.4		2.03	40	5.3
<i>Tuberculosis only</i> Whole carcasses condemned	*289		30	—	56
Carcasses of which some part or organ was condemned	*2,927		—	—	834
Percentage of the number in- spected affected with Tuber- culosis	*22.9		0.36	—	5.7

*Separate figures not available in all County Districts,

In connection with the above inspections 4,211 visits were made to Slaughter Houses.

The total weight of meat surrendered or condemned as a result of these inspections was 33,679 stones.

Food Poisoning.

Thirty-five cases were notified during the year. There were no deaths.

Clean Food Campaigns.

Mansfield M.B.

The Civic Festival of Britain Exhibition was used as a means of publicising the work of the Health Department in Food Hygiene, and to bring to the notice of everyone the need for care and attention in the handling of food.

Worksop M.B.

All holders of food stalls in the Public Market have been issued with a copy of the Byelaws. Inspections have been made throughout

the year to check compliance or otherwise. No serious infringements of the Byelaws were discovered. Organised lectures by the Medical Officer of Health and the Sanitary Inspector were given on a number of occasions ; specially prepared films and film strips were also employed.

East Retford M.B.

On the occasion of the adoption of the Model Byelaws for the handling, wrapping and delivery of foods, and sale of food in the open air, arrangements were made for the showing of suitable films relating to clean food, and the Medical Officer of Health and the Sanitary Inspector gave talks to the food distributive trade of the town. Sets of pamphlets were widely distributed, and questions were invited and answered.

Arnold U.D.

Byelaws are in operation in the District. Informal action has been taken where necessary.

Beeston and Stapleford U.D.

The Clean Food Guild, set up in 1950, continued its activities during the year, and codes of practice for all branches of the food trades were drawn up.

Carlton U.D.

Byelaws are in force in the district and a high standard of cleanliness is generally maintained. The Department have the approval of the Council to the holding of a Health and Food Hygiene Exhibition early in the new year.

Eastwood U.D.

In collaboration with the County Council a Clean Food Exhibition was held at the Miners' Welfare Institute, Eastwood, for two days in May, to which the public were invited. The Exhibition was also visited by classes from the schools.

Hucknall U.D.

Byelaws are in operation. A Clean Food Guild has been formed and codes of practice have been prepared.

Kirkby-in-Ashfield U.D.

A Clean Food Exhibition was held in October.

West Bridgford U.D.

Notices were issued regarding dogs in food premises.

Bingham R.D.

Lectures were given to interested organisations.

Basford R.D.

A Health and Clean Food Exhibition was held for eight days in six Parishes.

NURSING HOMES.

Two applications for registration of premises as Nursing Homes were received during the year. In one case it was found that the proposal would be more appropriately dealt with under Section 37 of the National Assistance Act, 1948, and the matter was passed to the County Welfare Committee and the premises were eventually registered as an Old Persons' Home. In the other case, the premises were not considered suitable and the necessary Order was made refusing registration.

The approved accommodation of one of the existing Homes was varied from five maternity and three other cases to two maternity and six other cases, and in another case approval was given for the accommodation to be increased from seven to eight other cases.

Mainly on account of staffing difficulties four of the registered Nursing Homes providing a total accommodation for fourteen maternity and nine other cases closed during the year.

There were five Nursing Homes registered at the end of 1951 and these provided accommodation for eighteen maternity cases and fifty-one other cases. The Inspectors made twenty-seven visits of inspection during the year.

CLINICS AND TREATMENT CENTRES.

The table which follows shows the various Clinics and Centres in operation in the County, and the figures shown opposite each place indicate the number of sessions held under each heading per month of four weeks.

SITUATION OF CLINIC OR CENTRE	Maternity and Child Welfare	Ante- Natal	Post- Natal	School Clinic	Dental
Arnold—Arnot Hill House ..	8	6	2	8	—
Arnold—Cavendish Street ..	4	—	—	—	—
Awsworth	2	2	—	—	—
Balderton	4	1	—	4	—
Barnby Moor	2	1	—	—	—
Beauvale	4	2	—	—	—
(a) Beeston—Dovecote Lane .	12	8	—	8	24
Bestwood	2	1	—	—	—
Bilsthorpe	4	2	—	8	—
Bingham	4	1	—	—	—
Blidworth	4	2	—	—	—
Blyth	2	1	—	—	—
Bunny	2	—	—	—	—
Burton Joyce	2	—	—	—	—
Calverton	2	1	—	—	—
Carlton—Park House	16	12	1	12	8
Chilwell (Beeston)	2	2	—	—	—
Clipstone	4	2	—	8	—
Collingham	2	1	—	—	—
Cotgrave	2	1	—	—	—
Cropwell Bishop	2	1	—	—	—
Cuckney	2	1	—	—	—
Dunham-on-Trent	2	1	—	—	—
East Bridgford	2	1	—	—	—
East Leake	2	2	—	4	—
East Retford	12	4	—	8	8
Eastwood	4	4	—	8	42
Edwinstowe	4	2	—	—	—
Farndon	2	1	—	—	—
Flintham	2	1	—	—	—
Forest Town	4	1	—	—	—
Gotham	2	1	—	—	—
Gringley-on-the-Hill	2	1	—	—	—
Harworth	8	4	—	8	8
Hickling	2	1	—	—	—
Hucknall	12	6	1	12	8
Huthwaite (Sutton-in-Ashfield) ..	4	2	—	—	2
Kilvington	2	1	—	—	—
Kimberley	4	4	—	8	—
Kirkby-in-Ashfield	8	4	—	8	8
Lambley	2	1	—	—	—
Langar	2	2	—	—	—
Langold	4	2	—	8	—
Lowdham	4	1	—	—	—
(b) Mansfield—St. John Street ..	12	12	—	—	—
Mansfield— St. Lawrence Church Hall	8	—	—	—	—
Mansfield—Brownlow Road ..	4	—	—	—	—

(a) Ultra-Violet Light Treatment—16 Sessions per month.

(b) Ultra-Violet Light Treatment— 8 Sessions per month.

CLINICS AND TREATMENT CENTRES—*continued.*

SITUATION OF CLINIC OR CENTRE	Maternity and Child Welfare	Ante- Natal	Post- Natal	School Clinic	Dental
Mansfield—Gilcroft Street ..	—	4	—	—	—
Mansfield—Pleasley Hill ..	4	—	—	—	—
Mansfield—Redcliffe House ..	—	—	—	12	42
Mansfield—Pleasley	—	—	—	4	—
Mansfield Woodhouse	8	3	—	8	—
Manton (Worksop)	2	—	—	—	—
Mapperley (Plains Road, Arnold)	4	—	—	—	—
Mattersey	2	1	—	—	—
Misson	2	1	—	—	—
Misterton	4	2	—	—	—
Newark	10	2	—	12	8
Newstead	4	2	—	—	—
North Muskham	2	1	—	—	—
Nuthall	2	—	—	—	—
Ollerton	8	4	—	8	8
Papplewick	2	1	—	—	—
Plumtree	2	1	—	—	—
Porchester (Carlton)	8	3	—	—	—
Radcliffe-on-Trent	2	1	—	4	—
Rainworth	2	1	—	—	—
Ruddington	2	2	—	—	—
Scofton (Worksop)	2	—	—	—	—
Selston	2	2	—	8	—
Shireoaks (Worksop)	2	—	—	—	—
South Clifton	2	1	—	—	—
South Leverton	2	1	—	—	—
Southwell	4	1	—	4	—
Standhill Road (Carlton) ..	4	—	—	—	—
Stanton Hill (Sutton-in-Ashfield)	4	4	1	—	—
Stapleford	8	2	—	8	8
Sutton Bonnington	2	2	—	—	—
Sutton-in-Ashfield—Forest Street	8	6	1	—	—
Sutton-in-Ashfield—Lawn House	—	—	—	12	—
Sutton-on-Trent	2	1	—	—	—
Syerston	2	1	—	—	—
Trowell	2	1	—	—	—
Tuxford	4	2	—	—	—
Underwood	2	1	—	—	—
Upper Broughton	2	1	—	—	—
Warsop	8	4	—	8	—
Warsop Vale	2	—	—	—	—
Welbeck Colliery Village	2	—	—	—	—
West Bridgford	12	4	1	8	34
Westwood	2	2	—	—	—
Willoughby-on-the-Wolds ..	2	1	—	—	—
Woodborough	2	1	—	—	—
Worksop—Carlton Road	8	4	—	—	—
Worksop—Watson Road	—	—	—	8	24

All Centres and Clinics are equipped for vaccination or immunisation and this is carried out at special sessions arranged according to need or at the request of a parent at a routine session.

SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACT, 1946.

HEALTH CENTRES (Section 21).

The national economic situation has continued to militate against any large-scale provision of Health Centres, and there is in consequence little to add to what has been said in this connection in previous Annual Reports.

The provisional allocation of sites to which reference has previously been made will provide a starting point from which to develop a whole-County Scheme as soon as economic conditions permit.

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22).

Child Welfare Centres.

With the addition of a new Centre opened at Woodborough on the 28th March, the number of Child Welfare Centres is now ninety. The Bingham Centre was transferred to fresh premises in April and there were certain minor variations in sessions at other Centres. A list of the Centres giving details of the sessions now operating is set out on pages 52 to 53.

The following table shows the work undertaken at the Centres during 1951 :—

				ATTENDANCES	MEDICAL CONSULTATIONS
Infants	..	..	..	94,777	22,501
Children	..	..	..	59,235	17,740
Expectant Mothers	..	..		800	714
Post-Natal Mothers	..	..		113	100
				154,925	41,055

Ante-Natal and Post-Natal Clinics.

The medical examination of expectant mothers and post-natal cases is undertaken in the scattered rural areas at those sessions of the Child Welfare Centres which are attended by the Medical Officers. In the urban districts and the more populous rural areas, special sessions for ante-natal and post-natal cases are provided and separate sessions for each category are held where the attendances are sufficiently large.

At the end of the year there were seventy-eight Centres at which ante-natal and post-natal examinations are undertaken ; thirty of these were at combined sessions, separate sessions for ante-natal and post-natal cases are provided at forty-eight centres, and there were six

centres at which special sessions for post-natal work are held. Particulars of the work undertaken during the year are as follows :—

	ANTE-NATAL			POST-NATAL
<i>Attendances</i>				
Primary			4,083	791
Total			23,031	1,024
<i>Medical Consultations</i>			22,508	990

Consultant Services.

Three hundred and forty-eight cases were referred from the Ante-Natal and Post-Natal Clinics for specialist advice to the Consultant Clinics of the Basford Highbury Hospital, Mansfield Victoria Hospital, Nottingham Hospital for Women and the Worksop Victoria Hospital. Reports on X-ray examinations were obtained in sixty-three cases from the Mansfield and District General Hospital, Newark Town and District Hospital, Nottingham General Hospital and Worksop Victoria and Kilton Hospitals.

Maternity Hospital Treatment.

The demand for hospital accommodation for confinements still remains high and notwithstanding the stringent investigation which is undertaken in all cases referred for admission on account of unsuitable home conditions considerable difficulty was experienced during the year in securing beds for all the cases whose needs warranted hospital admission.

The number of cases admitted during the year at the request of the Department was 1,712; of these 296 were referred on account of anticipated complication of maternity, and 1,416 owing to unsuitable home conditions.

Provision of Maternity Outfits and Pads.

Four thousand six hundred and twenty-two sterilised maternity outfits and three hundred and fifty-one packets of maternity pads were issued for domiciliary confinements on the certificate of the Health Visitor or Midwife engaged for the confinement.

Loan of Elastic Bandages.

No applications were received under the scheme for loaning elastic bandages to expectant mothers on the recommendation of the Ante-Natal Medical Officers.

Birth Control.

Selected cases requiring contraceptive advice are either dealt with at the special session held at the Gilcroft Street Centre, Mansfield, or are referred to the Nottingham Women's Welfare Centre or the Clinics at Sheffield and Doncaster.

Assistance towards the cost of obtaining such advice and the necessary appliances is available to necessitous cases but no applications were received during the year.

Maternal Deaths.

Six maternal deaths occurred during the year and were located as follows —

Mansfield Borough	..	..	..	1
Arnold Urban	..	..	..	1
Beeston and Stapleford Urban	..	..	..	1
Mansfield Woodhouse Urban	..	..	..	1
West Bridgford Urban	..	..	..	1
Retford Rural	..	..	..	1
TOTAL				<hr/> 6 <hr/>

In no case was the cause of death attributable to septic conditions.

Premature Infants.

Arrangements for the care of premature infants provide for the services of a paediatrician, if required by the medical practitioner in attendance, and the loan of special cots and equipment where necessary in cases where the infant can be nursed adequately at home. Heated ambulances are available for the transport of infants requiring hospital care.

During 1951, one hundred and ninety-nine premature babies were born at home and three hundred and thirty-two in hospitals or Nursing Homes. Of those born at home, forty were subsequently admitted for hospital treatment.

The Pre-School Child.

The scheme for the ascertainment and follow-up of defects in children under school age was continued, cases requiring treatment being referred to the National Health Service in those instances where the arrangements could not be made directly by this Department.

Paediatric Clinics.

The arrangements made last year with the Regional Hospital Board for the part-time services of Consultant Paediatricians to be at the disposal of the County Council were continued and weekly sessions were held at the Central Clinic, Fletcher Gate, Nottingham and the Mansfield School Clinic, and fortnightly sessions at the Worksop School Clinic. Selected pre-school and school children referred by the Assistant County Medical Officers attend these sessions by appointment and any necessary treatment is arranged by the Paediatrician with the appropriate hospital department. The number of pre-school children referred to Paediatricians under these arrangements was one hundred and sixteen.

Chronic Tonsils and/or Adenoids.

Pre-school children requiring operative treatment for these conditions are referred to the Nottingham Children's Hospital, Mansfield, Newark, Retford and Worksop General Hospitals or to the Worksop Kilton Hospital ; one hundred and eighteen operations were performed during 1951 under these arrangements.

Orthopaedic Treatment.

During the year one hundred and sixty-four children were referred by the Medical Officers of the Child Welfare Centres to the various Orthopaedic Clinics administered by the Regional Hospital Board.

Boarded-Out Children.

Investigations into the home conditions of one hundred and sixty applicants who wished to undertake the duties of foster parents were undertaken by the Health Visitors on behalf of the Children's Department.

Daily Guardians Scheme.

The arrangements for the registration and payment of women suitable and willing to undertake the care of children while their mothers are at work were continued during the year.

Cases on Register at 1st January, 1951	..	58
New cases approved	.. ..	80
Cases discontinued	.. ..	81
Cases on Register at 31st December, 1951	..	57

Day Nurseries.

The nine Day Nurseries were continued although towards the end of the year there were indications that the lessened demand for female labour was affecting the attendances at some of the Nurseries ; the trend was further emphasized by the very extensive waiting lists of the Nurseries concerned being considerably reduced or eliminated.

The average attendances during the year were as follows :—

	Places	Under 2 years	2-5 years
Beeston	40	6	22
Carlton	26	4	15
Eastwood	50	8	23
Harworth	50	6	21
Mansfield (Bull Farm)	40	10	23
Mansfield (Ravensdale)	40	7	23
Newark	40	8	21
Stapleford	50	9	25
West Bridgford	30	5	17

Nurseries and Child Minders Regulation Act, 1948.

One fresh application for registration under this Act was dealt with during the year, approval being given for the care of four children. There were three registered Child Minders at the end of the year undertaking the care of twenty-three children.

Dental Care of Expectant and Nursing-Mothers and of Children Under School Age.

The serious shortage of dental staff referred to in Reports since 1948 continued during the year 1951, and so, once again, it is necessary to have to state that the approved Dental Scheme under Section 22 of the National Health Service Act could be implemented only to a very limited extent.

Throughout the year the available dental staff were confronted with the problem of trying to balance the dental needs of expectant and nursing mothers and pre-schoolchildren against the dental needs of schoolchildren, and every effort was made to ration the available treatment in a fair and equitable manner by allocating definite sessions for the treatment of expectant and nursing mothers and pre-schoolchildren. At many of these sessions, however, the pre-arranged work was disorganised due to the unexpected attendances of schoolchildren with toothache.

In numerous instances expectant and nursing mothers had to be advised to seek dental treatment from private practitioners working under the General Dental Services Scheme of the National Health Service Act, but this procedure had to be discontinued when charges for the provision of artificial teeth provided through the General Dental Services Scheme were introduced by legislation. The effect of this new position did not make itself apparent until towards the end of the year, and it must, therefore, be expected that during 1952 the numbers of artificial dentures supplied through this Scheme will be appreciably increased.

As in former years the provision of dental treatment for children under school age presented considerable difficulties except for emergency work. Only 618 pre-schoolchildren were dealt with during the year and this number represents only a very small proportion of those who, in more favourable circumstances, would have been dealt with.

Dental X-ray units have for several years been installed at seven dental clinics located at strategical points throughout the County, and dental X-ray photographs were taken whenever such were considered by the dental staff to be necessary.

It was not found possible during the year under review to establish the approved County Council dental laboratory, and continued use was made of the procedure by means of which an independent firm of dental technicians carried out the construction of dentures required by County Council patients.

The following statistical table, set out in the form required by the Ministry, indicates that in spite of the serious shortage of staff, a fair amount of treatment was accomplished but, unfortunately, it can give no indication of the amount of treatment which had to be left undone :—

(a) Numbers provided with dental care.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ..	385	383	288	182
Children under five ..	732	673	618	468

(b) Forms of dental treatment provided.

	Extractions	Anaesthetics		Fillings	Scalings or Scalings and gum treatment	Silver Nitrate treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	1,720	677	3	421	153	14	113	*	141	202
Children under five	1,062	537	102	519	34	348	173	*	—	—

* Numbers not recorded.

MIDWIFERY (Section 23).

The area for which the County Council are the Local Supervising Authority comprises the whole of the administrative County.

Notifications of intention to practice were received from 215 Midwives, five of these restricting their activities to maternity nursing only.

Supervision is normally carried out by the whole-time non-Medical Supervisor of Midwives, Miss M. K. Collins, and the part-time non-Medical Supervisor of Midwives, Miss R. E. Hermes, who devotes the remainder of her time to Health Visiting duties. Special cases are investigated by Dr. Black. Four hundred and sixty-eight visits and 1,970 investigations into abnormal cases were made during the year.

Suspension from practice in order to prevent the spread of infection was necessary in the case of thirteen Midwives, *i.e.*, ten County Midwives and three District Nurse-Midwives.

In 1951 medical aid was sent for in 1,044 cases, 1,021 by Domiciliary Midwives and 23 by Midwives practising in Hospitals or Institutions.

The number of claim forms submitted by Medical Practitioners was 518, claiming fees amounting to £1,570 0s. 1d.

Other statutory notices were received from Midwives as follows :—

Notifications of Stillbirth	..	..	..	73
Do.	Death of Child	..	..	37
Do.	Death of Mother	..	..	1
Do.	Laying out the Dead	..	..	9
Do.	Liability to be a Source of Infection			116
Do.	Artificial Feeding	..	..	482
				<hr/>
				718
				<hr/>

Eye Discharge in the Newborn.

Fifty-four cases of inflammation of, or discharge from, the eyes of new-born infants were notified, four being also notified as *Ophthalmia Neonatorum*.

Every case attended by a Midwife was inquired into immediately by a Supervisor (Non-Medical) of Midwives, and was subsequently followed-up by a Health Visitor.

Three cases received hospital treatment and unimpaired vision resulted in all cases.

Puerperal Pyrexia.

Twenty-seven cases of Puerperal Pyrexia were notified during the year, fourteen being concerned with domiciliary confinements and thirteen with deliveries in institutions. Of the fourteen confined at home, five were subsequently admitted to hospital for treatment. All made good recoveries.

County Midwives.

The number of whole-time Midwives employed directly by the County Council at the end of 1951 was sixty-three. Seven Midwives resigned during the year and five new appointments were made.

The following is a summary of the work done by the County Midwives during the year :—

VISITS.

Ante-Natal—Home	..	..	..	28,717
Clinic	..	..	..	7,042
Deliveries—Midwifery	..	..	..	2,362
Maternity	..	..	..	1,029
Lying-in	..	..	..	61,620
				<hr/>
				100,770
				<hr/> <hr/>

Transport.

Fifty-two of the County Midwives use motor-cars for the purposes of carrying out their duties ; the remainder normally use bicycles but hire cars when necessary for emergency or long distance cases. Travelling allowances are paid in accordance with the County Council's scales. Assistance in purchasing cars under the Council's Car Purchase Scheme was afforded in five cases and the arrangements made by the Ministry of Health with the motor industry again proved most helpful in accelerating the delivery of cars.

Gas and Air Analgesia.

At the end of 1951 there were one hundred and seventeen Midwives qualified to administer gas and air analgesia ; of these sixty-one were County Midwives and fifty-six District Nurse Midwives.

Sixty-one County Midwives and fifty-three District Nurse-Midwives were in possession of Minnitt Gas-Air Apparatus at the end of 1951.

Two thousand two hundred and seven cases received gas and air analgesia during their deliveries, 1,520 of these administrations being given by County Midwives and 687 by District Nurse-Midwives.

The routine inspection and maintenance of the apparatus is undertaken by skilled engineers under an arrangement made with the manufacturers.

Refresher Courses for Midwives.

Arrangements were made during the year for four County Midwives and four District Nurse-Midwives to attend Refresher Courses organised by the Royal College of Midwives.

Agency Arrangements with the Nottinghamshire Nursing Federation and District Nursing Associations.

The County Council continued throughout the year 1951 to utilise the services of the Nottinghamshire Nursing Federation and District Nursing Associations under the Agency arrangements described in previous Annual Reports. There were 52 District Nursing Associations participating in the Domiciliary Midwifery Service at the end of 1951, as compared with 51 at the end of the previous year.

The 59 Nurse-Midwives employed by these Associations attended 1,563 confinements during the year and their services represented the equivalent of 24 full-time Midwives. In 1950, 61 Nurse-Midwives attended 1,565 confinements, giving an equivalent of whole-time service similar to that of the year under review.

At the beginning of the year a detailed report was submitted to the Maternity and Child Welfare Sub-Committee embodying a comprehensive review of the Midwifery and Home Nursing Services provided since 5th July, 1948, by voluntary bodies under agency arrangements on behalf of the County Council. Comment on the findings of this review as affecting both Midwifery and Home Nursing will be found in that section of the Annual Report which is headed "Home Nursing."

HEALTH VISITING (Section 24).

This important branch of the work continued to make satisfactory progress and the home visiting figures show an increase of 13,690 on those for 1950, details are as follows :—

First Visits to Infants	9,298
First Visits to Children	1,199
Re-visits to Infants	42,653
Re-visits to Children	110,448
Visits to Expectant Mothers	8,403
Visits to Post-Natal Mothers	2,298
General Health Visiting	2,907
	<hr/>
	177,206
	<hr/> <hr/>

The cases in which the Health Visitors were consulted on General Health Visiting matters again covered a large field as the following table indicates :—

Age and Infirmary	36	Mental Defectiveness	8
Bronchitis	16	Miscellaneous Troubles	19
Carcinoma	11	Muscular Trouble	7
Congenital Deformity	2	Nervous Conditions	5
Deafness	2	Obesity	2
Defective Vision	9	Paralysis	17
Dental Conditions	1	Pneumonia	16
Diabetes	2	Post-Operative Care	23
Epilepsy	1	Prolapse	9
Gastric Trouble	6	Rheumatism	9
General Debility	9	Skin Diseases	16
Glandular Conditions	7	Spinal Conditions	10
Heart Complaints	15	Stroke	5
Other Circulatory Conditions	17	Tonsillitis	10
Infectious Diseases	18	Tuberculosis	8
Influenza	4	Wounds and Accidents	11

The Pupil Health Visitor Training Scheme which has been operating so successfully during the past few years in conjunction with Nottingham University and Nottingham Corporation again proved valuable as a means of recruitment, six Health Visitors being available for appointment to the County staff; in addition, five Health Visitors were secured through normal recruitment. There was a loss by resignation or retirement of eight Health Visitors and the strength at the end of 1951 was three Superintendents and seventy Health Visitors, there being nine vacancies.

HOME NURSING (Section 25).

The Agreements made in accordance with the approved Proposals between the County Council and the Nottinghamshire Nursing Federation and District Nursing Associations for the provision of Midwifery and Home Nursing Services under Sections 23 and 25 of the National Health Service Act, 1946, were for a period of three years in the first instance. In order to determine whether or not the present arrangements should continue after this initial period, a comprehensive review of the arrangements was undertaken towards the end of 1950. This review was the subject of an exhaustive report to the Maternity and Child Welfare Sub-Committee at their meeting on the 3rd January, 1951. Some reference to its findings is appropriate in this Report.

The two services of Midwifery and Home Nursing are, of necessity, dealt with together, seeing that in most cases they are provided jointly by the Voluntary Bodies concerned. But by far the greater proportion of the time of the staff employed is devoted to Home Nursing, and, for that reason, although reference is made to the review under the heading of "Midwifery," the main comment is confined to this section of the Report.

The review admitted that it had been found in practice that the agency arrangements presented certain disadvantages. The large number of Associations involved (seventy-one) inevitably complicated administration. The staff of the Federation and of the Associations were not officers of the County Council and were not directly answerable to the County Council. In some cases local administration had been loose, as judged by the very exacting standards of the County Council. Voluntary bodies did not always appreciate that where expenditure of public money was involved financial control must be strict and even fastidious. The District Auditor, with his power of surcharge, was a force with which they did not normally contend. It was, therefore, not surprising that since the 5th July, 1948, some of them had, on occasion, found County Council methods irksome and irritating. Similarly it had not always been understood by the voluntary bodies that the officers of the County Council could not invariably give decisions off-hand, and that some matters could only be decided by reference to the Committee or Sub-Committee concerned, or even to the Finance Committee and the County Council.

Nevertheless, with mutual understanding and good will, difficulties had largely been overcome. It was undeniable that from the new

arrangements definite advantages had accrued, both to the Midwifery and Home Nursing Services and to the Nurses employed. The Services were better co-ordinated and better equipped, and the Home Nursing Service had been extended to cover the whole County. Probably the greatest personal benefit to the Nurses lay in the fact that all who were eligible were now participating in the County Council's Superannuation arrangements, and, thanks to the generosity of the County Council, would receive full benefit for their past service with their present employing bodies. The question of Superannuation was the subject of detailed comment in the Annual Report for 1949, when due acknowledgment was made of the co-operation of those District Nursing Associations who had contributed to the County Council's Superannuation Fund out of their private resources.

The review referred to the improvement in the housing conditions of the District Nurses on which comment has been made in previous Annual Reports. Mention was also made of the steps which had been taken to ensure that District Nurses had adequate means of transport and garages.

Comment was made on the fact that it had not been possible to effect any considerable improvement in the staffing position. The statistics submitted seemed to indicate, however, that some re-organisation (including re-integration of the midwifery services of District Nurses and County Midwives) would be of benefit both to the Services concerned and to the Nurses; and it was suggested that this matter should receive the early attention of the Federation and the District Nursing Associations. The figures showed a marked disparity in the work performed by individual Nurses in the same category, although it was appreciated that figures alone were not altogether a reliable criterion and that the area of a district and the distances a Nurse had to travel should also be taken into account. Nevertheless it was evident from the review that some Nurses were not employed to capacity, while others might be overworked, and the need for adjustment of areas to overcome this anomaly was indicated. Some adjustments of areas had in fact already been carried out, and others were under consideration.

The following quotation from the review is of interest, as illustrating the circumstances in which the District Nursing Association originated, and the effect on the District Nurse of the changed circumstances of the present time :—

“ The District Nursing Association is the product of an age when the State took little interest in midwifery and home nursing and the provision of these Services depended on local initiative and enterprise. The District Nursing Association was local in origin, local in outlook and local in the scope of its activities. Its founders could not foresee that one day midwifery and home nursing would become important *national* services administered by Local Health Authorities and maintained at the public expense. The original District Nurse, who for a mere pittance traversed her District from end to end, by day and by night, in foul weather or

fair, on foot or on a pedal cycle, would regard her modern counterpart as fortunate indeed. But the advent of the motor car has not merely enhanced the comfort and convenience of the District Nurse; it has extended her usefulness. And it would be wrong to allow a narrow parochial outlook—however understandable—to hamper the wider utilisation of the services of District Nurses which is possible under modern conditions, and thus prevent a rational and equitable distribution of the personnel (still limited in number) through whom these services are provided.

Of late years the character of the work which the District Nurse has been called upon to perform has changed considerably. Modern hospital techniques and the shortage of hospital beds tend to shorten the stay of patients in hospital and to curtail admissions, with the result that it falls upon the District Nurse to undertake more nursing in the home. This points to the need—still not fully appreciated—for close and effective liaison between the Hospital Services and Local Health Authorities. On the other hand, this increased demand for the services of the District Nurse may be counterbalanced to some extent by the fact that the use of penicillin and the sulphonamides tends to reduce what is called ‘acute’ nursing.”

The general conclusion reached was that the voluntary bodies could still afford the County Council material assistance in the day-to-day administration of Midwifery and Home Nursing Services, and that, so long as they had a worth-while contribution to offer, it was to the advantage of the County Council to continue the present arrangements. This conclusion was endorsed by the County Health Committee and the County Council, with the result that the present arrangements were extended for a further period of three years with the cordial agreement of the voluntary bodies concerned.

In the course of the year 1951 further steps were taken to adjust the areas of District Nursing Associations as suggested in the review. In addition an Association which had fallen into abeyance was revived. Another Association which had previously provided Home Nursing services under agency arrangements in a portion of the City of Nottingham had to give up that part of its work on termination of the Agreement by the City Authorities, but with a slight adjustment of areas the Association was enabled to remain in being and retain its Nurse.

During the year the services of District Nurses were made available to all the Residential Establishments and Homes for Old People maintained by the County Welfare Committee.

New motor cars were provided at the cost of the County Council for the use of three District Nursing Associations, and seven Associations had their cars repaired.

The provision of garages for the use of District Nurses was approved in eight instances, the tender of Sherwood Industries being accepted in each case,

The County Council practically refurnished a District Nurses' Home at a cost of £220, and replaced or provided articles of furniture in three other instances.

The housing of District Nurses occasioned less anxiety during 1951 than in previous years, but it is pleasing to record the co-operation of the National Coal Board in allotting one of their houses for the use of the District Nurse at Rainworth.

The anomaly referred to in previous Reports, which results when a Housing Authority allocate a house to a Nurse and not to her employing body, has not yet been removed. It will be remembered that where the Nurse is the tenant she is obliged to pay the full rent ; whereas if her employing body is the tenant she is only required to pay a rent of ten shillings a week. The consequent disparity of the rents charged to Nurses occupying similar accommodation is a cause of some dissatisfaction.

Two Nurses were afforded training in District Nursing during the year at the cost of the County Council.

A new and improved scale of salaries for Administrative Nursing Staffs came into operation during the year, following the revision in 1950 by the Nurses Whitley Council of the scales of salaries applicable to the rank and file of District Nurses and Midwives.

The usual statistics relating to Home Nursing are appended (page 67).

It is pleasing to record that on several occasions during the year members of the public were good enough to send letters of appreciation of the work of the District Nurses.

Reference has already been made in the Introduction to the resignation on the 30th July, 1951, of Miss A. M. L. Joyner, M.B.E., County Superintendent of the Nottinghamshire Nursing Federation. Her place has been taken by her Deputy, Miss E. E. Jamieson, who in turn has been succeeded as Deputy by Miss F. F. Evans.

It would not be right to conclude this section of the Report without reference to Miss W. M. Blagg, who has been Honorary Secretary of the Federation for more than thirty years. This long period of office represents more than half the lifetime of the Federation, which was founded in 1897 with only ten affiliated Associations and ten Nurses whose salaries ranged from £40 to £50 per annum. Conditions had, of course, shown some improvement by the time Miss Blagg assumed office ; but since then progress has been phenomenal. A lesser person than Miss Blagg would have been bewildered by the many changes ; but throughout the years the one unchanging factor in the affairs of the Federation has been Miss Blagg herself. Her forceful personality and forthright directness of speech have made their mark on the affairs of the Federation to which she has been devoted. With Miss Joyner she played a notable part in ensuring a smooth passage for the

agency arrangements at their inception. Her continued zeal for the efficiency and success of these arrangements merits high praise and gratitude. She has, of course, been ably supported by her Executive Committee, who have at all times shown every desire to co-operate with the County Council.

Statistics.

(Figures in brackets relate to the Year 1950).

Total No. of Cases attended	9,560	(9,050)
Average No. of Cases attended per equivalent of whole-time Nurse	112	(106)
Total No. of Visits paid	246,186	(225,575)
Average No. of Visits paid per equivalent of whole-time Nurse	2,896	(2,536)
	or	or
	56 per week	(49 per week)
Average No. of Visits paid per Case ..	26	(25)
Equivalent of whole-time Staff employed in Home Nursing	85†	(85)
Equivalent of whole-time Staff required on basis laid down in County Council's Proposals(1 per 4,000 population—County population mid-1950—533,870*)	133	(131)
Extent to which existing Staff falls short of requirements (expressed as equivalent of whole-time Nurses)	48	(46)
Ratio of existing Staff to Population (expressed as equivalent of whole-time Nurses)	1 per 6,281	(1 per 6,154)

* Estimated increase of population, 1949-50, was 10,710.

† The total number of individual nurses (excluding administrative and supervisory staff) employed in the Service at 31-12-51 was 109. Of these, 49 were engaged full-time in Home Nursing and 60 gave part of their time to Midwifery. The time devoted to Home Nursing by these 60 Nurse-Midwives was equivalent to the services of 36 full-time Home Nurses.

VACCINATION AND IMMUNISATION (Section 26).

Diphtheria Immunisation.

The Council continued during 1951 to use the services of District Medical Officers of Health, acting as their agents on agreed terms, for the organisation and conduct of approved sessional arrangements. The Council's medical and nursing staffs also assisted in the work where necessary, individual immunisations being carried out at ordinary Child Welfare or School Clinic sessions, all of which premises are equipped for the purpose.

In addition, the opportunity to serve under these arrangements continued to be extended to all general medical practitioners in the county area and at 31st December, 1951, two hundred and forty-six practitioners were participating in the Council's scheme.

During 1951 measures were taken to sustain the level of immunisation in the County, particularly through the exercise of personal persuasion by Health Visitors in the course of their routine duties, and the arrangements made included the distribution through the Health Visiting service of leaflets issued by the Ministry of Health with the Authority's specially designed forms of consent inviting the parent or guardian of every newly-born child to have their baby immunised against diphtheria and vaccinated against smallpox. Further publicity was also arranged through the Department's Health Education Service as described more fully elsewhere in this Report.

The graphs inset at page 70 indicate the trend in protection by immunisation and vaccination both before and since 5th July, 1948.

The table on page 69 shows the estimated population of children under five and aged five to fourteen, and the number of children in these two age groups who had completed a full course of immunisation at any time up to 31st December, 1951, in each of the county districts.

DIPHTHERIA IMMUNISATION, 1951.

DISTRICT.	ESTIMATED POPULATION.			No. OF CHILDREN IMMUNISED AT ANY TIME UP TO 31/12/51.		
	0-4 yrs.	5-14 yrs.	Total (under 15)	0-4 yrs.	5-14 yrs.	Total (under 15)
Urban Districts.						
Mansfield (Borough)	4,318	7,261	11,579	2,048	7,210	9,258
Worksop (Borough)	2,853	4,980	7,833	1,480	1,267*	2,747
Newark (Borough)	1,930	3,138	5,068	1,337	2,754	4,091
East Retford (Borough)	1,435	2,269	3,704	560	2,358	2,918
Arnold ..	1,963	3,061	5,024	1,294	2,942	4,236
Beeston and Stapleford	4,544	7,555	12,099	2,548	6,554	9,102
Carlton	3,076	4,667	7,743	1,761	3,715	5,476
Eastwood	953	1,436	2,389	521	1,146	1,667
Hucknall	2,139	3,705	5,844	1,247	2,390	3,637
Kirkby-in-Ashfield	1,847	3,166	5,013	1,060	2,939	3,999
Mansfield Woodhouse	1,725	2,809	4,534	1,013	2,421	3,434
Sutton-in-Ashfield	3,524	6,201	9,725	2,437	6,008	8,445
Warsop	1,041	1,797	2,838	757	1,531	2,288
West Bridgford ..	1,798	2,689	4,487	1,048	1,903	2,951
TOTAL (Urban Districts)	33,146	54,734	87,880	19,111	45,138*	64,249
Rural Districts.						
Basford	4,333	7,409	11,742	2,593	6,003	8,596
Bingham	1,540	2,488	4,028	854	1,868	2,722
Worksop	1,723	2,948	4,671	962	2,161	3,123
East Retford	1,699	2,828	4,527	1,011	3,096	4,107
Newark	964	1,818	2,782	584	1,543	2,127
Southwell	3,525	5,929	9,454	2,096	5,768	7,864
TOTAL (Rural Districts)	13,784	23,420	37,204	8,100	20,439	28,539
Whole County—GRAND TOTAL	46,930	78,154	125,084	27,211	65,577*	92,788

*Complete figures not available.

The figures for the Urban Districts, Rural Districts, and the whole County expressed as percentages are as follows :—

	PERCENTAGE OF CHILDREN UNDER 15 YEARS IMMUNISED UP TO 31ST DECEMBER, 1951.		
	0-4 years.	5-14 years.	Total (under 15 years).
Urban Districts	57·6	88·2*	75·9
Rural Districts	58·7	87·3	76·7
Whole County	57·9	87·9	76·2

* Excluding one District for which complete figures not available.

Diphtheria—Notifications and Deaths.

There were only two notifications of Diphtheria during the year—both adults and both unimmunised—and it is very pleasing to report that 1951 was the third year in succession during which no child died from this disease and the second successive year during which no person of any age in the County died from diphtheria.

Vaccination against Smallpox.

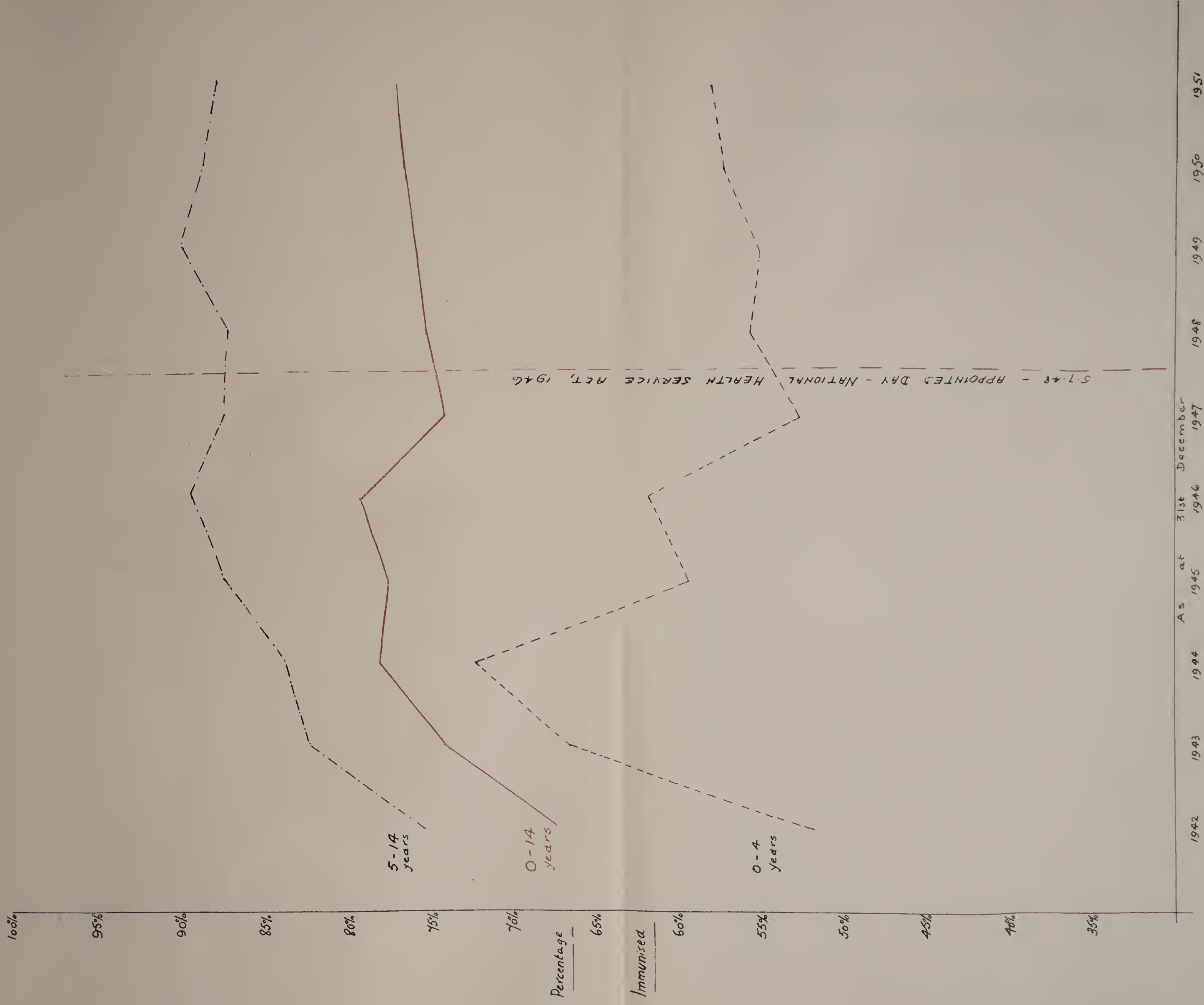
The same methods and procedure as outlined under the heading “Diphtheria Immunisation” have applied to Smallpox Vaccination and particulars of the work carried out in the several County Districts during 1951 are as set out in the table on page 71.

Whooping Cough Inoculation.

The number of children inoculated against Whooping Cough under Public Health Department arrangements in the three County Districts to which this form of prophylaxis is at present restricted pending an evaluation favouring general adoption of the procedure was as follows :—

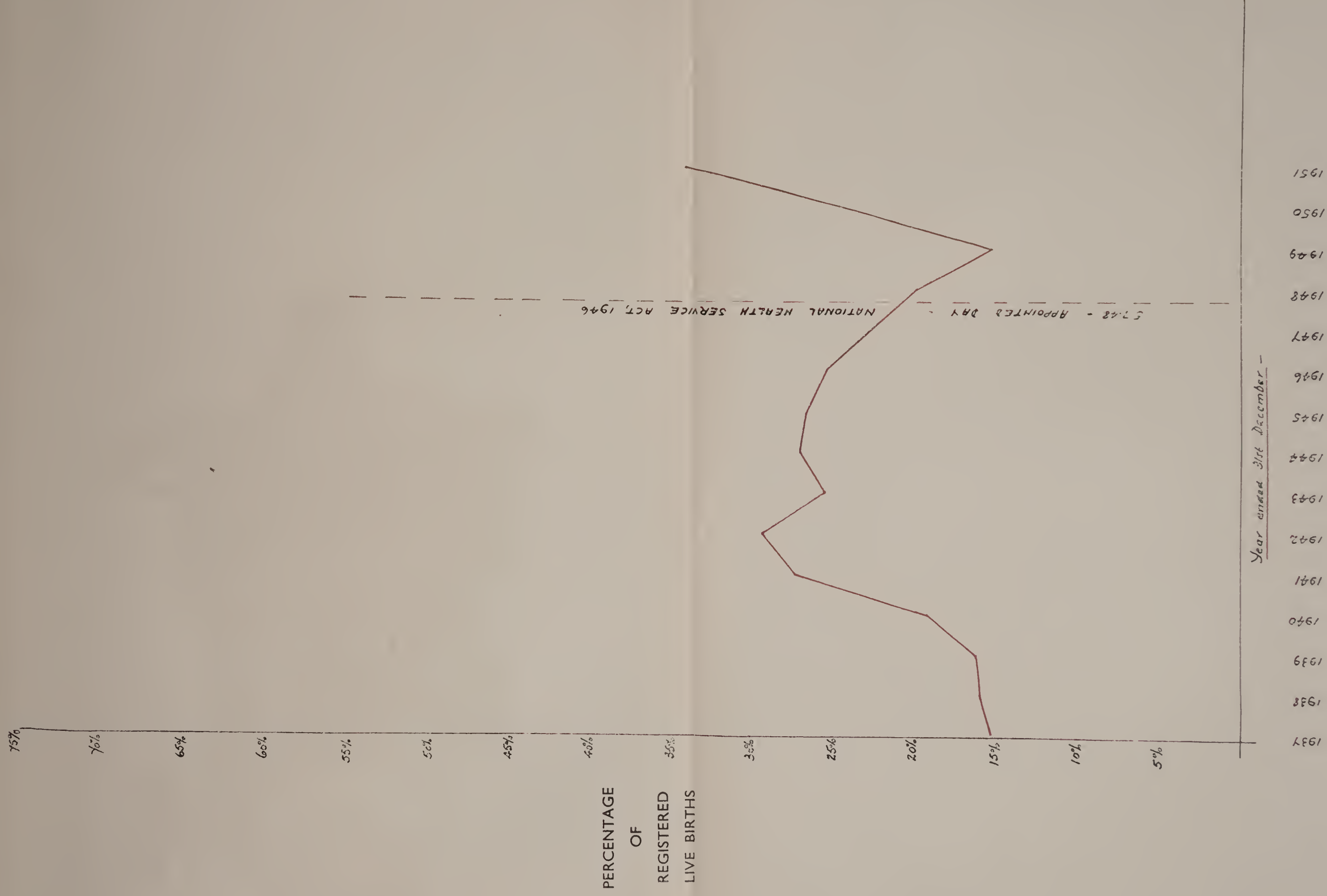
DISTRICT	No. of children who completed a full course of inoculations during the year ended 31-12-51.		
	0-4 years	5-14 years	TOTAL (under 15 yrs.)
Mansfield (Borough) ..	224	2	226
Kirkby-in-Ashfield (Urban District) ..	182	22	204
Sutton-in-Ashfield (Urban District) ..	100	—	100
TOTALS ..	506	24	530

NOTTINGHAMSHIRE
DIPHTHERIA IMMUNISATION STATE



NOTTINGHAMSHIRE — SMALLPOX VACCINATION

0-1 years



VACCINATION AGAINST SMALLPOX, 1951.

DISTRICT.	NUMBER VACCINATED.					Total	NUMBER RE-VACCINATED.					Total
	Under 1 year	1 year	2—4 years	5—14 years	15 years and over		Under 1 year	1 year	2—4 years	5—14 years	15 years and over	
Urban Districts.												
Mansfield (Borough)	208	17	16	12	34	287	—	—	3	6	80	89
Worksop (Borough)	77	98	12	9	7	203	—	—	—	3	24	27
Newark (Borough)	149	7	5	4	13	178	—	—	—	2	26	28
East Retford (Borough)	48	1	3	3	7	62	—	—	—	—	8	8
Arnold	190	8	13	10	6	227	—	—	—	6	27	33
Beeston and Stapleford	251	21	11	10	26	319	10	—	1	7	39	57
Carlton	202	10	16	13	58	299	25	1	—	—	33	59
Eastwood	47	1	6	26	—	80	—	—	—	2	8	10
Hucknall	65	1	2	—	1	69	—	—	—	—	2	2
Kirkby-in-Ashfield	67	6	5	1	4	83	3	—	—	—	—	3
Mansfield Woodhouse	120	15	12	15	10	172	—	—	—	—	26	26
Sutton-in-Ashfield	191	6	10	9	23	239	—	—	3	6	34	43
Warsop	85	6	12	10	14	127	—	—	1	—	2	3
West Bridgford	204	8	32	5	15	264	—	1	2	5	36	44
TOTAL (Urban Districts)	1,904	205	155	127	218	2,609	38	2	10	37	345	432
Rural Districts.												
Basford	305	60	7	290	26	688	—	—	—	7	23	30
Bingham	146	9	10	9	23	197	—	—	—	1	109	110
Worksop	33	47	15	15	—	110	—	—	3	—	24	27
East Retford	151	17	9	1	18	196	—	—	—	2	18	20
Newark	92	11	13	4	8	128	—	—	—	1	8	9
Southwell	291	23	43	15	13	385	—	—	—	4	28	32
TOTAL (Rural Districts)	1,018	167	97	334	88	1,704	—	—	3	15	210	228
Whole County— GRAND TOTAL	2,922	372	252	461	306	4,313	38	2	13	52	555	660

AMBULANCE SERVICE (Section 27).

During 1951, 74,985 calls were made involving 92,976 patients and the travelling of 923,225 miles by the ambulances and sitting case vehicles of the Service.

Compared with the previous year the number of patients carried decreased by 4.3% and the total mileage by 5.0%, whilst the mileage per patient for 1951 was 9.93 miles compared with 9.96 miles for 1950.

The following table shows the work undertaken by each of the Main Stations, Sub-Stations and Depots during the year :—

STATION, SUB-STATION OR DEPOT	CALLS	PATIENTS CARRIED	TOTAL MILEAGE
NOTTINGHAM GROUP STATION :			
Arnold Depot	2,551	3,093	20,933
Beeston „	7,007	8,218	75,612
Carlton „	5,344	6,721	50,427
Hucknall „	4,805	6,067	66,528
West Bridgford Depot ..	5,281	6,146	78,163
Eastwood Sub-Station ..	2,718	3,355	22,484
Kirkby-in-Ashfield Sub-Station	2,862	3,182	27,804
Ruddington „ ..	1,640	2,653	23,052
Southwell „ ..	1,267	1,683	15,781
MANSFIELD MAIN STATION : ..			
Bilthorpe Sub-Station ..	1,242	1,294	16,174
Ollerton „	62	68	936
Warsop „	1,818	2,511	17,508
NEWARK MAIN STATION ..	6,013	6,701	70,063
RETFORD MAIN STATION ..	5,626	5,807	116,277
WORKSOP MAIN STATION : ..			
Harworth Sub-Station ..	579	1,033	19,928
TOTALS ..	74,985	92,976	923,225
TOTALS for preceding year ..	77,833	97,204	968,651

The categories of the 92,976 cases carried were as follows :—

Accident	2,358	(2.53%)
Emergency	3,897	(4.21%)
Treatment	83,594	(89.90%)
Infections	589	(0.64%)
Maternity	2,160	(2.32%)
Other	378	(0.40%)

615,130 miles were covered by forty-one ambulances (an average of 15,004 miles per vehicle) and 308,095 miles by thirteen sitting-case vehicles (an average of 23,469 miles per vehicle).

The largest decreases in the number of patients carried and the mileage travelled were at Arnold, Hucknall, Kirkby and Newark as follows :—

STATION	Patients Carried		Mileage	
	1951	1950	1951	1950
Arnold Sub-Station ..	3,093	3,806	20,933	24,957
Hucknall Depot ..	6,067	7,785	66,528	76,819
Kirkby Sub-Station ..	3,182	4,167	27,804	30,540
Newark Main Station ..	6,701	7,857	70,063	76,159

The ambulances of the Warsop Sub-Station carried 2,511 patients in 1951 (2,017 in 1950) and travelled 17,501 miles (16,211 in 1950) but the vehicles of the Beeston Depot and the Southwell Sub-Station carried an increased number of patients involving a considerably decreased mileage as follows :—

STATION	Patients Carried		Mileage	
	1951	1950	1951	1950
Beeston Depot ..	8,218	7,544	75,612	77,640
Southwell Sub-Station	1,683	1,304	15,781	17,032

Premises.

The Council's Capital Building Programme provides for the following new premises and extensions to existing buildings.

Arnold ..	..	New depot buildings.
Beeston ..	..	Extensions to existing depot premises.
Bingham ..	..	New sub-station premises and pair of houses for ambulance staff.
Carlton ..	..	New depot buildings.
Eastwood	..	New sub-station buildings.
Harworth	..	Do.

Hucknall	New depot building.
Kirkby-in-Ashfield	New sub-station building.
Mansfield	Extensions to existing station building.
Misterton	New sub-station premises.
Newark	New station premises.
Retford	Do.
Ruddington	New sub-station premises.
Tuxford	Do.
West Bridgford ..	New depot premises.
Worksop	New station premises.

During the year under review the progress made in connection with this extensive programme was limited to the location of sites, the obtaining of planning permission and other preliminary enquiries. At the end of the year one site only, that at Carlton, had been purchased but no building work was commenced here, nor at Beeston and Mansfield where the ownership of the existing premises was already vested in the County Council.

Efforts were also made during the year to rent premises for adaptation to provide sub-stations at Edwinstowe and Kimberley, but agreements were not completed and in consequence the Ollerton ambulance continued to operate from the Mansfield Main Station and the parish of Kimberley was covered effectively from the Hucknall Depot and the Eastwood Sub-Station.

A tender for alterations at the Southwell Sub-Station was accepted but the work was not commenced during 1951.

Vehicles.

The approved establishment of vehicles is forty-two ambulances and thirteen cars. During the year four new ambulances (3 Bedfords and one Morris) were delivered and four obsolete ambulances were disposed of, the vehicle strength at the end of the year remaining at forty-one ambulances and thirteen sitting-case vehicles as follows :—

MAKE			H.P.	YEAR	NUMBER
<hr/>					
(a)	<i>Ambulances.</i>				
Austin	..	..	18	1937	1
Austin	..	..	24	1944	3
Austin	..	..	37	1945	2
Austin	..	..	27	1946	1
Austin	..	..	27	1947	1
Austin	..	..	27	1948	2
Austin	..	..	25	1948	1
Austin	..	..	16	1948	4
Austin	..	..	16	1949	6

Bedford	..	..	28	1949	8	
Bedford	..	..	28	1950	1	
Bedford	..	..	28	1951	3	
Commer	..	..	21	1943	1	
Morris	..	..	25	1947	2	
Morris	..	..	25	1948	1	
Morris	..	..	25	1949	2	
Morris	..	..	25	1950	1	
Morris	..	..	25	1951	1	
					—	41
(b) <i>Sitting-Case Vehicles.</i>						
Ford (Utility)	..	..	10	1944	1	
Austin	..	..	16	1948	6	
Austin	..	..	16	1949	4	
Bedford Transit Ambulances	..	..	28	1950	2	
					—	13

At the end of the year there was only one pre-war vehicle still in commission and the average age of all vehicles remained at approximately three years.

The purchase price of new vehicles continued to rise, notification being received during the year of three increases in the price of Bedford 28 h.p. ambulances with Lomas bodywork and equipment from £1,168 19s. 0d. to £1,305 3s. 0d. gross (before the deduction of fleet owners discount).

A total of £440, less commission, was received for the four obsolete ambulances which were offered for sale by public auction.

Staff.

The total establishment of ambulance personnel at the end of the year was 198 including fifteen Clerk-Telephonists, four clerical staff and one Radio Technician.

The total staff employed on the 31st December, 1951, was 175, a decrease of five on the total employed on the previous 31st December.

During the year 136 ambulance personnel received the basic Civil Defence training authorised in 1950.

Ministry of Health Circular 30/51.

This important Circular dated the 9th July, 1951, was issued by the Ministry of Health with a view to limiting the increasing demands on Ambulance Services "without denying the help of the Service to anyone for whom it is genuinely necessary," and to clarify the mis-

understanding which existed with regard to the scope of Local Health Authorities' obligations under Section 27 of the National Health Service Act, 1946, and Section 24 of the National Health Service (Amendment) Act, 1949.

The Minister expressed his view that the words "where necessary" in Section 27 of the 1946 Act are not necessarily to be read as restricting an Authority's obligations to cases of medical necessity although the journey "must clearly be closely connected with the treatment and care of the patient."

Various recommendations were brought to the notice of Regional Hospital Boards, Hospital Management Committees and Boards of Governors with a view to ensuring the economical use of the Ambulance Service and rules were formulated for doctors and others who call upon the Service. Rule No. 9 stated that :—

"The Ambulance Service should NOT be asked to provide transport to convey a person on holiday or to a place of recreation. If an ambulance or car is required for such a journey, private arrangements must be made for its provision outside the National Health Service."

The County Health Committee felt that the rigid application of this rule would preclude any bedridden person who could not afford the cost of a private ambulance or car from going on such a journey and the County Medical Officer was given authority to provide ambulance transport for holiday purposes in special cases.

Applications for transport of this nature are very carefully scrutinised and in those cases which are approved the patients concerned are advised that difficulty may be experienced in obtaining similar transport for the return journey as all ambulance authorities have not adopted so humane a conception of this Service.

In an appendix to the Circular the Minister states that he is of the opinion that the radio control of ambulance vehicles offers a means of obtaining greater efficiency and economy in some areas. The proposed scheme of two-way radio control for the Nottinghamshire Ambulance Service conforms with the Minister's suggestions.

A further appendix sets out the headings of the syllabus for the post-entry training of ambulance personnel.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28).

Tuberculosis.

Deaths.

During 1951 the number of deaths attributable to Tuberculosis was 144; 124 from Pulmonary Tuberculosis and 20 from other forms. The Pulmonary death rate per thousand of the population was 0.23 for the County compared with 0.27 for England and Wales, whilst the rate for all forms was 0.27 for the County and 0.31 for England and Wales.

New Cases and Mortality.

The number of new cases recorded during 1951 in the Registers of the Medical Officers of Health of County Districts and the number of deaths in the County due to Tuberculosis according to the Registrar General's statistics for the year were as set out in the following table:

AGE PERIODS	NEW CASES (including "Inward Transfers")				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 ..	2	2	1	1	—	1	2	1
1—4 ..	7	9	6	5	—	1	1	3
5—14 ..	12	19	12	8	—	1	2	1
15—44 ..	143	173	7	14	20	38	6	2
45—64 ..	55	14	2	2	36	9	1	1
65 and over ..	21	9	1	—	12	6	—	—
TOTALS ..	240	226	29	30	68	56	12	8

Incidence—Pulmonary Tuberculosis.

The following table shows the incidence of Pulmonary Tuberculosis in the County over the past eight years:—

YEAR	* NO. OF NEW CASES INCLUDED IN ANNUAL RETURN TO MINISTRY OF HEALTH.			Rate per 1,000 of population
	Formal notification	Not notified before death	Total	
1944	388	16	404	0.85
1945	332	20	352	0.74
1946	352	22	374	0.75
1947	431	27	458	0.91
1948	425	15	440	0.85
1949	369	18	387	0.74
1950	401	18	419	0.78
1951	375	22	397	0.74

* Excluding "Inward Transfers."

Contacts.

The following figures provided by the Chest Physicians jointly employed by the Sheffield Regional Hospital Board and by the County Council give some indication of the preventive work undertaken at the Chest Centres during the year :—

CONTACTS	Adults		Children	TOTAL
	M.	F.		
No. examined during 1951	151	164	268	583
No. diagnosed as—				
(a) Tuberculous	15	18	22	55
(b) Non-tuberculous	130	132	180	442
No. under observation 31-12-51 ..	6	14	66	86

Home Visits.

The number of domiciliary visits made by Health Visitors during the year was 4,993 compared with 4,714 similar visits during 1950.

Shelters.

The twelve portable wooden shelters owned by the County Council for loan, free of charge, to tuberculous persons were utilised during 1951 as follows :—

No. on loan to patients 1-1-51	8
No. returned by patients during the year ..	3
	—
	5
No. loaned to patients during the year ..	5
	—
No. on loan to patients 31-12-51	10
No. in store on 31-12-51	2
	—
	12
	==

B.C.G. Vaccination.

With the appointment by the Sheffield Regional Hospital Board of additional clinical staff it became possible to commence the vaccination with B.C.G. of selected “ contacts ” of County cases at the Nottingham and District Chest Centre towards the end of 1951 and twelve children had been vaccinated by 31st December. At the end of the year consideration was being given, in co-operation with appropriate Officers of the Regional Hospital Board, to an extension of this service during 1952.

Domiciliary Occupational Therapy.

During the year the Council approved arrangements for the introduction of a domiciliary occupational therapy service for patients suffering from tuberculosis and unable to follow their normal employ-

ment, subject, in each case, to the approval of the appropriate Chest Physician and to the patient's employment only for such hours per day as were prescribed by him.

Under the terms of the agency agreement between the County Council and the Nottingham and Notts. Association for the Prevention of Tuberculosis in relation to the care and after-care of tuberculous persons, the conduct of this service has been assigned to the Association who, for the purpose, are loaned the services of an Occupational Therapist from the staff of the Public Health Department and are paid additional grant by the Council to cover the estimated cost of providing the necessary tools, materials and other incidental expenses.

The Association have generously undertaken to provide initial supplies of materials free of charge to patients from their voluntary funds and thereafter materials are provided through the Association to approved patients under the Council's scheme at cost price plus ten per cent., subject, at the discretion of the County Medical Officer, to a reduction or waiving of these charges in cases where hardship would occur. The necessary tools are loaned free of charge in the first instance but at a later stage patients are given the option to purchase the tools through the Association at cost price.

The disposal of products is normally the responsibility of the patient, assisted if necessary by the Nottingham and Notts. Association for the Prevention of Tuberculosis, except that in cases where materials have either been provided free or at a reduced charge under the Council's scheme the products are taken over and disposed of by the Association, the patient being paid in respect of any such sale the difference between the total value of the materials provided and the price realised by the sale of the article, less ten per cent., together with the re-imbusement to the patient of any sum paid by him or her towards the value of materials provided.

In the implementation of these arrangements Miss E. C. A. Toyn was appointed by the County Council as Occupational Therapist as from 10th December, 1951, and during the remainder of the year this Officer was engaged in preparatory work and in establishing liaison with those undertaking similar work in hospitals and sanatoria in the area with a view to achieving some degree of uniformity and continuity of effort to the benefit of all concerned.

Protection of Children from Tuberculosis.

In accordance with the suggestions in Ministry of Health Circular 64/50 referred to in my previous Report, ninety-one persons in employment at the Council's Day Nurseries were examined by the Mass Radiography Units during 1951. In addition, with the co-operation of the appropriate Officers of the Sheffield Regional Hospital Board, eighty persons in employment at residential establishments under the County Children's Committee were examined radiologically during

1951 and arrangements were made with the Mass Radiography Units operating in the area for the x-ray examination of persons in employment at Residential and Special Schools in the County.

Nottingham and Notts. Association for the Prevention of Tuberculosis.

The following Report has been received from this Association on the care and after-care work undertaken during the year under agency arrangements with this Authority :—

“ The Nottingham and Nottinghamshire Association for the Prevention of Tuberculosis has continued to carry out care and after-care work on behalf of the County Council on similar lines to those outlined in previous Reports, and the grant payable to the General Committee and its three Sub-Committees has been at the rate of £750 per annum for the period under review.

During the year 237 new cases were referred to the Association, but altogether 357 cases were considered and assistance given where necessary. Each case received individual consideration and the types of help which were given are seen in the following statistics :—

General Committee.

No. of new cases	..	..	..	..	179	(187)
No. of cases considered for assistance	..	..	..	..	278	(275)

Analysis of Assistance.

Referred to National Assistance Board for monetary grants	..	..	..	..	..	91
Bed and bedding loaned	..	..	..	..	..	12
Bedding only loaned	..	..	..	..	..	18
Clothing provided	..	..	..	..	..	22
Clothing provided in conjunction with W.V.S.	..	..	..	..	..	3
Dunlopillo bed loaned	..	..	..	..	..	1
Nursing requisites loaned	..	..	..	..	..	25
Invalid chairs loaned	..	..	..	..	..	2
Milk permits issued	..	..	..	..	..	58
Assistance <i>re</i> National Insurance	..	..	..	..	..	5
Assistance <i>re</i> obtaining work and training for work	..	..	..	..	..	15
Assistance <i>re</i> care of children	..	..	..	..	..	8
*Occupational Therapy provided	..	..	..	..	..	9
Assistance <i>re</i> Home Help	..	..	..	..	..	7
*Payment of fares for relatives to visit Sanatoria	..	..	..	..	..	9
Assistance <i>re</i> housing	..	..	..	..	..	9
Assistance <i>re</i> pension	..	..	..	..	..	6
*Payment of arrears of rent	..	..	..	..	..	1
*Payment of removal expenses	..	..	..	..	..	1
*Admission arranged to convalescent home, including payment of fees	..	..	..	..	..	2

Assistance <i>re</i> adoption of child	..	..	..	1
*Assistance <i>re</i> hire purchase	..	..	..	5
Requests from patients for advice	..	..	..	16
Other forms of help	..	..	..	19
Investigated but no action necessary immediately	..	..	..	21
*Christmas parcels distributed	..	..	..	30

Mansfield Sub-Committee.

No. of new cases	..	..	..	34	(43)
No. of cases considered for assistance	..	..	..	41	(47)

Analysis of Assistance.

Bed and bedding loaned	..	..	..	6
Bedding only loaned	..	..	..	8
Clothing provided	..	..	..	11
Nursing requisites loaned	..	..	..	11
Milk permits issued	..	..	..	45
Assistance in conjunction with W.V.S.	..	..	..	3
*Payment of debt	..	..	..	1
*Payment of membership fee for nurse	..	..	..	1
*Payment of wireless licence and batteries	..	..	..	1
Other forms of help	..	..	..	3
*Christmas parcels distributed	..	..	..	13

Newark and Southwell Sub-Committee.

No. of new cases	..	..	..	11	(25)
No. of cases considered for assistance	..	..	..	25	(21)

Analysis of Assistance.

Bed and bedding loaned	..	..	..	5
Clothing provided	..	..	..	1
Nursing requisites loaned	..	..	..	3
Milk permits issued	..	..	..	25
Investigated but no help necessary immediately	..	..	..	1
Other forms of help	..	..	..	1
*Christmas parcels distributed	..	..	..	16

Worksop and Retford Sub-Committee.

No. of new cases	..	..	..	13	(14)
No. of cases considered for assistance	..	..	..	13	(19)

Analysis of Assistance.

Bed and bedding loaned	..	..	..	1
Bedding only loaned	..	..	..	3
Clothing provided	..	..	..	1
Nursing requisites loaned	..	..	..	3
Milk permits issued	..	..	..	4
*Occupational Therapy provided	..	..	..	2
*Christmas parcels distributed	..	..	..	17

Towards the end of the year the scheme for Domiciliary Occupational Therapy for Tuberculous Persons was inaugurated and although, in the very short time available, it was only possible to do preparatory work, the Association hopes to make a useful contribution towards the successful working of the scheme during the coming year.

*Denotes help from voluntary funds.

Figures in brackets indicate the number of cases in the preceding year .''

In addition, the Council's Almoners, acting for the appropriate After-Care Committees at the Mansfield, Retford, Worksop and Newark Chest Centres, assisted a further 324 tuberculous persons as follows :—

Analysis of Assistance (excluding assistance previously referred to in the statistics provided by the After-Care Committee concerned)—

Referred to National Assistance Board or other agencies for financial help	..	..	..	..	185
Assistance <i>re</i> general domestic problems	..	..	..	..	45
Assistance <i>re</i> other general problems	..	..	..	..	73
Assistance <i>re</i> re-habilitation	..	..	..	..	15
Assistance <i>re</i> bedding and clothing	..	..	..	..	30
Investigated but no help necessary	..	..	..	..	8
No. of home visits involved	..	..	..	..	111

Sherwood Village Settlement.

The Council continued during the year to maintain the Sherwood Village Settlement and the associated Sherwood Industries for the rehabilitation of tuberculous persons and, in consequence of the recommendations of an Industrial Consultant referred to in my previous Report, appointed Mr. A. E. Durham, formerly a Technical Officer with Messrs. Remploy, Ltd., as General Manager of the Settlement's trading undertakings as from 1st June, 1951.

Following Mr. Durham's appointment a degree of expansion and considerable re-organisation took place at the Village Settlement workshops which resulted in a marked improvement in production and sales by the end of the year.

The following report has been submitted by the Medical Superintendent (Dr. E. Firth) on the Settlement's activities during the year :—

“The year 1951 was one of considerable change and the beginning, one hopes, of another phase in the development of the Settlement.

The success of the Cabinet Section during its first fifteen months of life pointed the way, and in June our first Business Manager took up his duties and began to re-organise the Workshop and introduce new machinery which will not only speed up production but also help to reduce the physical labour of the settlers.

During the year eleven men were admitted to the Settlement and it is with considerable satisfaction that I note that no less than six of these men were nominated by other Local Authorities, thus showing increasing interest in the Scheme.

Discharges numbered only six and, of these, five were because of breakdowns beyond the six months allowed in the Scheme and it is possible that one of these men might yet be able to return after treatment in the Sanatorium; the remaining discharge was necessary because of unsuitability, a rare cause in our experience.

It was not found necessary to admit any settlers to Ransom Sanatorium during 1951 and of those admitted in 1950, two were able to return to the Settlement and continue their employment. The ability of some men to return after a course of Sanatorium treatment is a considerable encouragement to others and a constant reminder of what can be done for the tuberculous if all concerned show sufficient determination.

Progress with the building of the houses was disappointing and only four were ready for occupation before the end of the year. As in previous years the health of the children continues to be good and they are well able to hold their own with children from 'healthy' households.

The Hostel lawns and flower beds have been much appreciated not only by the residents but also by those living in the houses and it is hoped in the near future to make a start on the foundations of a Bowling Green which, when completed, will provide a most welcome amenity.

As in previous years, a high standard of comfort and efficiency prevails and the residents are well aware of this.

Settlers employed—

Cabinet Department	}	..	..	..	33
Sectional Buildings					
Sanatorium Porter		..	..	..	1

These figures show an overall increase of five as compared with 1950."

The following Report has been submitted by the General Manager (Mr. A. E. Durham) in respect of the trading activities :—

“ During the year 1951 there was considerable development in the Cabinet-making Department of Sherwood (N.C.C.) Industries following an initial contract from the Nottinghamshire Education Committee for some of their School furniture requirements, and an arrangement for the supply of articles of furniture for other County Council Departments through the newly established Supplies Section of the County Valuer's Department. Arising from these developments and to provide for more economic production a “ Nissen ” extension to the Workshop annexe and a loading bay were constructed and brought into use during the year and the machine layout in the original Workshop was completely re-organised and the following additional machinery installed :—

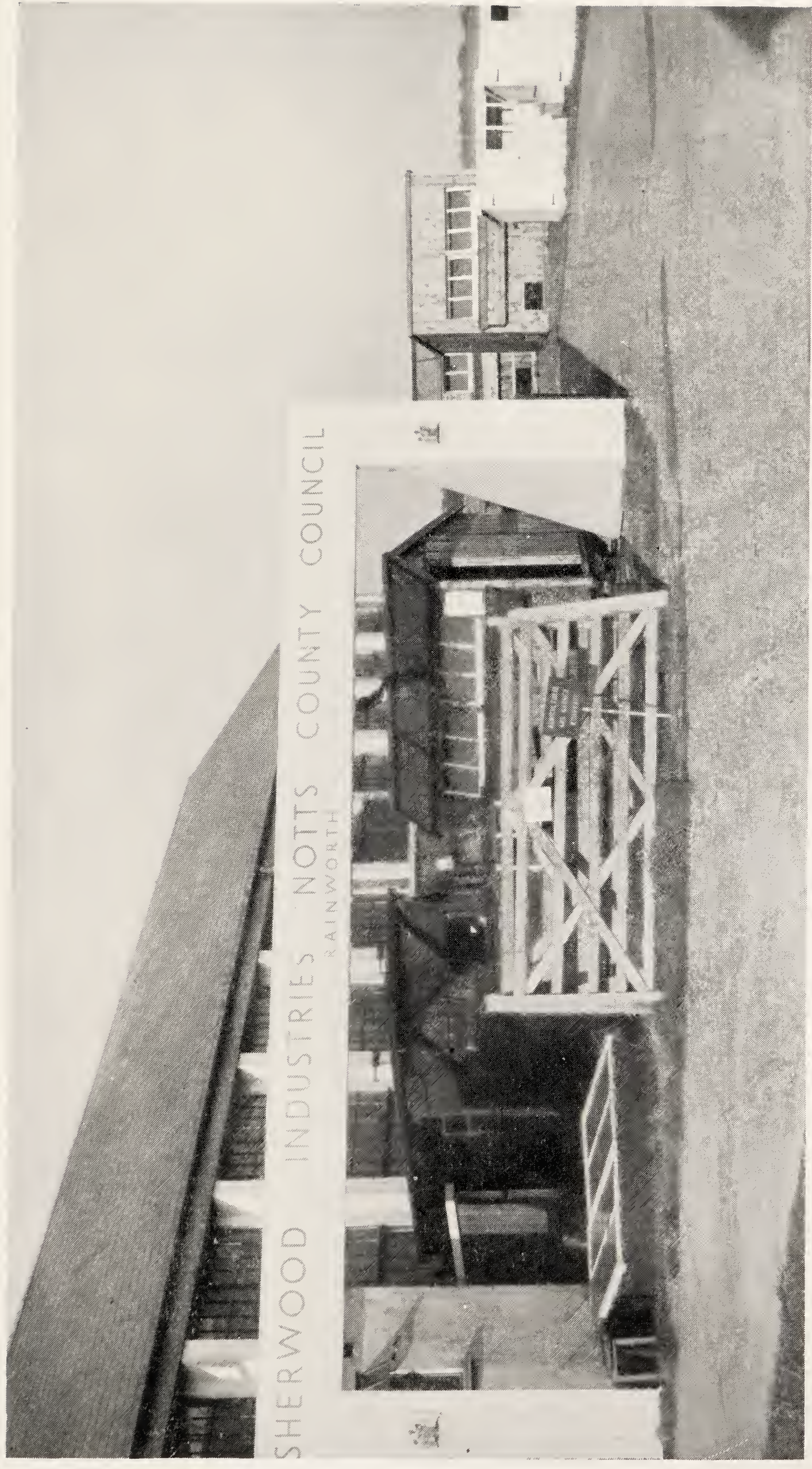
Roller Feed Saw	Automatic Clamp
Dovetailer	Overhead Planer
Single-ended Tenoner	Bandsaw

The Council also approved an arrangement for the erection of a Store in close proximity to the Settlement Workshops for a supply of English Oak purchased by another Committee and this building has been so sited as also to serve the requirements of Sherwood (N.C.C.) Industries.

In addition, the former Management Minor Sub-Committee was constituted a Sub-Committee of the County Health Committee and was delegated the powers and duties of the County Council in relation to the Settlement's trading activities in order to meet the need for more speedy decisions in such matters.

On completion of the re-organisation of the Workshops an Exhibition of Products was held at the Settlement on Monday, 8th October, 1951, to which were invited the Mayor and Mayoress of the Borough of Mansfield, Chest Physicians and appropriate Officers of all Local Health Authorities in the area of the Sheffield Regional Hospital Board, representatives of suitable business firms and of the local press, and all members of the County Council. Whilst the attendance at this Display was not up to expectations, useful contacts were established and the results were generally so satisfactory that it is proposed to organise similar functions in the future.

The Industries' Sectional Building Department continued during 1951 on much the same lines as in previous years, but the timber used in this work was ultimately wholly new as second-hand timber became unavailable and sales were necessarily restricted by the quantity of new timber obtainable on licence and, of course, by rising prices. In this connection, however, the Hire Purchase Scheme was widely used by Sherwood Industries' customers. A new line was also introduced during 1951, namely Wattle type fencing units constructed largely from surplus plywood off-cuts, which attracted quite a useful market.



Display of Sectional Buildings outside Village Settlement Workshop



Machining and Cabinet-making assembly in the Village Settlement Workshop



Display of Sherwood Industries products at an "Open Day" on 8th October, 1951

Messrs. North Notts. Farmers were granted an agency for the sale of Settlement products which were also exhibited at Agricultural Shows at Bakewell, Kingston, Mansfield, Newark and Nottingham during the year with good results. A large Nottingham firm of Contractors also purchased a number of sectional wooden hutments from us during 1951.

To augment the available Settler labour pending the provision of further accommodation, the Committee authorised the employment of local non-resident Settlers—a measure not previously encouraged—and also made a formal arrangement with the Nottingham No. 5 Hospital Management Committee for in-patients from the sanatoria under their control to attend at the Settlement Workshops as trainees during the later stages of their in-patient treatment. Two female patients from the Ransom Sanatorium attended the Workshops for a short time under these arrangements and it is hoped that more will follow. Otherwise, with eleven Settlers admitted and six discharged under the Council's Scheme the Settler labour force was increased by five during 1951. The Staff establishment was also increased by three during the year (*i.e.*, General Manager, Machinist Instructor and a second Clerical Assistant) although a vacancy for a Cabinet and General Woodwork Instructor created by the resignation on 30th April, 1951, of the former Superintendent, Woodwork Department (Mr. H. Maltby) had not been filled by 31st December.

Variations of the Council's Settlement Scheme effected during 1951, included the provision of protective clothing for Settlers and a revision of the arrangements for the award of efficiency payments on the recommendation of the appropriate Officers, and at the end of the year the Council also had under consideration recommendations by the Management Sub-Committee for the introduction of a comprehensive Training Scheme, and for the provision of tool kits for Settlers subject to repayment at cost price by small weekly payments.

From the foregoing it will be seen that the year 1951 was most progressive for Sherwood Industries and I would like to take this opportunity of acknowledging the very helpful advice and assistance that I received from the Chairman and Members of the Management Sub-Committee, the County Medical Officer, the County Treasurer, the Medical Superintendent of the Settlement and Mr. Sellors, the Senior Instructor at Sherwood Industries."

As negotiations between representatives of the County Councils' Association, the Association of Municipal Corporations and the London County Council, and the Ministry of Health, as to the future position of Workshops for the Tuberculous arising from the Minister's draft circular referred to in my previous Report continued throughout 1951, the County Council's previously approved Proposal under Section 28 of the National Health Service Act regarding the establishment of a Regional Joint Board for the future management of the Sherwood Village Settlement, on which earlier progress had been very encouraging, remained in abeyance throughout the year.

Other types of Illness.

Loan of Nursing Equipment and Appliances.

The loan of nursing equipment and appliances to patients being nursed at home, either by the issue of the larger items direct from the Public Health Department or the loan, free of charge, of the smaller and more frequently needed items from the homes of the District Nurse-Midwives, was continued during 1951 on the lines described in previous Reports.

During the year, one hundred and fifty-one cases were assisted by loans direct from the Public Health Department (145 in 1950), appropriate loan charges being made in all but eighteen cases where applicants' financial circumstances were such as to warrant free loans under the Council's scheme.

The following table indicates the extent to which this service is now used :—

ARTICLE	1-1-51		Purchases during year	Loans during year	Returns during year	31-12-51	
	On loan	In store				On loan	In store
Back Rest	5	50	—	19	13	11	44
Bed Blocks (pairs) ..	—	30	—	—	—	—	30
Bedstead, Hosp'l type	6	2	4	5	—	11	1
Bed Table	1	59	—	1	1	1	59
Crutches (pairs) ..	6	26	—	5	3	8	24
Draw Sheets	—	2	—	2	—	2	—
Dunlopillo Mattress ..	19	3	—	12	9	22	—
Dunlopillo Pillow ..	1	—	—	1	—	1	—
Dunlopillo Cushion ..	—	—	3	4	1	3	—
Fracture Boards ..	3	12	—	10	—	13	2
Male Rubber Urinal ..	—	1	—	2	2	—	1
Rubber Bedpan ..	—	—	1	1	—	1	—
Sandbags	—	60	—	2	—	2	58
Sectional Mattress ..	1	—	—	1	1	1	—
Self-lifting Pole ..	3	1	4	5	—	8	—
Spinal Carriage ..	6	1	—	5	7	4	3
Stool Commode ..	7	5	2	19	12	14	—
Walking Machine ..	1	—	1	1	—	2	—
Water/Air Beds ..	8	6	—	27	25	10	4
Wheel Chairs—							
Stairway	3	—	1	2	2	3	1
" Merlin " ..	6	1	4	7	4	9	2
Folding	47	7	15	50	29	68	1

General Care and After-care

By arrangement with the Sheffield Regional Hospital Board the County Almoners have, since July, 1948, included amongst their duties the regular visitation of certain hospitals in the County which are without Hospital Almoners. Whilst, throughout 1951, the County Almoner service was one third below strength, the two Almoners employed continued with this work and the following figures give some indication of the care and after-care work (for cases other than those suffering from tuberculosis or venereal disease which are dealt with separately in the Report) undertaken during the year :—

General.

No. of cases referred	254
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Analysis of Assistance—

Assistance <i>re</i> hospital discharge	20
Assistance <i>re</i> rehabilitation	12
Assistance <i>re</i> bedding and clothing	4
Assistance <i>re</i> domestic problems	46
Assistance <i>re</i> financial problems	10
Follow-up visits	77
Assistance <i>re</i> other general problems	103
No. of home visits involved	321

Chronic Sick and Senile Patients.

Cases investigated at the request of a hospital authority or bed bureaux :

(a) With a view to hospital admission :—

(i) Hospital admission recommended ..	90
(ii) Hospital admission not recommended ..	79
	169

(b) With a view to hospital discharge :—

(i) Hospital discharge recommended ..	13
(ii) Hospital discharge not recommended ..	7
	20
	189

No of home visits involved	138
------------------------------------	-----

Convalescence.

No of cases referred :—

(a) By Hospital authorities	51
(b) By General Medical Practitioners	43
	94

No. of cases for whom Convalescence obtained :—

(a) At Regional Hospital Board Homes ..	52
(b) At other Convalescent Homes :—	
(i) Under Voluntary Scheme arrangements	12
(ii) Under County Council arrangements ..	7
No. of cases referred elsewhere for arrangements or for whom Convalescence not recommended ..	17
No. of cases who declined accommodation offered	6
	94
No. of home visits involved	67

Convalescence.

During the year the County Council approved arrangements under Sec. 28 of the National Health Service Act for providing convalescence of the ' holiday home ' type for County residents in need of convalescence not involving active medical treatment and nursing subject, in each case to—

1. formal certification of need by the appropriate general medical practitioner (for which payment of a fee of 2/6d was authorised), and
2. an undertaking by each applicant (*a*) to contribute towards the total cost involved, including travelling expenses, according to his or her financial circumstances in accordance with a scale of Assistance adopted by the County Council, and (*b*) to comply with the requirements of the County Council and of the Convalescent Home Authority concerned and to accept discharge on completion of the approved term of convalescence.

Under these arrangements, the County Council authorised that the term of convalescence normally granted should be two weeks but not exceeding four weeks except that the County Medical Officer at his discretion may authorise an extension of the period of convalescence initially approved when satisfied there was a good and sufficient reason for this.

Several voluntary Convalescent Homes agreed to accept County cases whenever possible under this Scheme and, whilst the numbers catered for were necessarily restricted due to the uncertain availability of beds precluding publicising the arrangements, seven cases were assisted under the Scheme up to 31st December, as indicated :—

Convalescent Home	No. of Cases Accommodated		
	2 weeks stay	3 weeks stay	Total Cases
Hunstanton Convalescent Home, Hunstanton, Norfolk ..	1	3	4
Sheffield Works' Convalescent Association Men's Home, Ashover, Derby ..	—	1	1
Sheffield Works' Convalescent Association Women's Home, Matlock, Derbyshire ..	—	2*	2
	1	6*	7

*Including one mother with baby.

Of these cases, three were required to contribute towards the total cost involved in accordance with the approved scale, the financial circumstances of the remainder being such as to warrant free convalescence under the Scheme.

Venereal Diseases.

Treatment of County Cases at all Centres.

The number of cases resident in the County who were dealt with for the first time during each of the years 1945-1951, together with the attendances made by all County cases at approved Treatment Centres up to 1948, according to returns received from the Mansfield, Worksop and Out-County Centres were as follows :—

Year	NO. OF CASES DEALT WITH FOR THE FIRST TIME.						Total Attendances (All Cases)
	Syphilis	Gonorrhoea	Soft Chancre	Total Venereal Infections	Non-Venereal and Undiagnosed Conditions	Grand Total	
1945	159	340	6	505	722	1,227	24,433
1946	227	445	7	679	856	1,535	24,791
1947	148	237	12	397	677	1,074	17,449
1948	162	243	10	415	844	1,259	17,194
				<i>Other Conditions *</i>			
1949	158	221		779		1,158	— *
1950	95	148		814		1,057	— *
1951	56	149		595		800	— *

* Amended form of Ministry of Health Return.

Source and Contact Tracing.

By arrangement with the Sheffield Regional Hospital Board the follow-up work formerly undertaken under Regulation 33B until December, 1947, was continued during 1951 by the Council's Almoners working in close collaboration with the Specialist Medical Officers at the Treatment Centres.

Forty-eight visits were paid in connection with the follow-up of contacts and defaulters during the year, and the following table gives some indication of the work undertaken in respect of cases referred to the Almoners for the first time during the year :—

	No. referred for the first time during the year	Number of visits paid	Number persuaded to attend	Number untraced	Number failed to attend
Contacts ..	—	—	—	—	—
Defaulters ..	25	39	17	2	6

Health Education.

Satisfactory progress has been maintained throughout the year. Twelve meetings had to be cancelled or postponed until 1952 owing to adverse weather or other conditions. Nevertheless, small increases in the numbers of meetings and talks and large increases in attendances show a continuing but steady growth in the extent of the work carried out.

The series of tables following comprise facts and figures of meetings, subjects, attendances and films used but these alone can only be an indication of the outward and observable structure of the service. It has been said that "Nothing is so fallacious as facts, except figures," and this applies literally in the Health Education Service in that much that is done cannot, of its very intangible nature, be submitted to paper. It is also true that facts and figures, particularly the latter, could mask the absence of work of real value. The work of real value in Health Education is not so much the facts given in talks as the proper attitudes to health and disease engendered by those talks. These attitudes cannot be recorded in print and it may well be years before the true value of the work may be assessed even if it could be isolated, for statistical purposes, from so many other factors in the development of a healthy community.

In addition to the facts and figures there is the large amount of activity involved in developing and maintaining good relations with audiences, potential audiences and staffs. In this connection a special effort has been made during this year to "educate the educators." As a result Table 3 shows the volume of work carried out for the County Health Department Staff as well as the School Meals Staff. Talks to professional staff are in the main of a technical nature and tend to be concerned with recent advances in techniques designed to further prevention, and early diagnosis of incipient disease. A greater value lies, however, in the unifying and co-ordinating influence of meetings of staff who would normally tend to work in isolation. The fact that hospital consultants have given some of these technical talks allows the staff to gain a more sympathetic view of hospital problems and allows the consultant to see something of the problems of prevention and after-care as they are encountered in practice by the Local Health Authority's staff. This co-ordinating influence cannot help but be of value to the Health Services generally, suffering as they are from a dichotomy which has tended to place a barrier between the treatment and preventive fields of medicine.

In the Report will be noticed an increased number of exhibitions held, although it has been implied in past Annual Reports that exhibitions can prove very costly and of doubtful permanent value. Such exhibition technique tends to be of a violent nature—a means of demanding the greatest amount of attention in the shortest possible time to the theme of the exhibitions. The contemporary French writer, Jean Cocteau has said "The eyes of the dead are closed gently ; we also have to open gently the eyes of the living" ! This is true of the ideal health exhibition and the work in this connection carried out during the year consisted of a series of small, portable but essentially

teaching exhibitions. As far as possible, school children in the vicinity of each exhibition receive talks before being taken in small guided groups to visit the exhibitions. Adult visitors are offered guidance and teaching *en route* as it were—a matter of gentle persuasion rather than forceful propaganda.

The range of work over the year has been very wide and approximate percentages of different talk-subjects are as shown. It is, of course, not possible ever to separate completely the “personal” from the “environmental” in Health Education, but general trends are shown in the following :—

Health Education (Aims and Methods)	..	..	3.0%
Maternity and Child Welfare	..	..	3.0%
Health of the Child and Adolescent	..	..	8.7%
Sex Education	..	..	7.0%
Mental Health	..	..	4.4%
General Health	..	..	25.1%
Environmental Health	..	..	1.7%
Prevention of Disease	..	..	43.2%
Health Services Publicity	..	..	3.9%

Excluding the technical talks to professional staffs it will be seen from the above list that roughly 53% of the talks to the general public have been concerned with what is usually loosely described as ‘Positive Aspects of Health,’ roughly 43% with the Prevention of Disease and 4% with Health Services Publicity.

The 53% of talks in the positive health field are mainly physiology pure and applied and such academic teaching is not to be decried for it is of the utmost value to realise that “health” exists dynamically as well as disease.

The tables appended show some analysis of the work carried out during the year :—

TABLE 1.

Meetings.

Total No. of Meetings and Exhibitions	..	260
Do. Talks	..	242
Do. Film Shows	..	10
Do. Talks illustrated by films	..	57
Do. One Day Exhibitions	..	3
Do. Two Day Exhibitions	..	5
Do. Film Shows at Exhibitions	..	11

TABLE 2.

Audiences.

AUDIENCE			PERSONS ADDRESSED	ATTENDANCES
Women	..	..	4,543	7,137
Men	..	..	957	1,182
			<u>5,500</u>	<u>8,319</u>
Girls	..	..	1,249	1,286
Boys	..	..	491	517
			<u>1,740</u>	<u>1,803</u>
Females	..	..	5,792	8,423
Males	..	..	1,448	1,699
			<u>7,240</u>	<u>10,122</u>

TABLE 3.

Distribution of Meetings.

AREA	NUMBER OF MEETINGS	PERSONS ADDRESSED	ATTENDANCES
BOROUGHES			
Mansfield	7	125	175
Newark	2	76	76
East Retford	3	72	101
Worksop	2	58	58
URBAN DISTRICTS ..			
Arnold	3	24	68
Beeston and Stapleford	34	708	1,632
Carlton	10	200	435
Eastwood	2	250	250
Hucknall	4	56	119
Kirkby-in-Ashfield ..	2	450	450
Mansfield Woodhouse ..	4	63	77
Sutton-in-Ashfield ..	7	189	237
Warsop	2	90	90
West Bridgford ..	8	277	277
RURAL DISTRICTS			
Basford	30	1,719	2,041
Bingham	9	335	335
Newark	7	259	294
East Retford	5	225	264
Southwell	21	529	651
Worksop	2	107	107
WHOLE-COUNTY			
ORGANISATIONS	8	693	693
COUNTY HEALTH DEPT.			
STAFF	27	369	800
COUNTY SCHOOL MEALS			
SERVICE STAFF ..	61	366	892
TOTALS ..	260	7,240	10,122

From the above table it will be seen that for the first year since the inception of the Health Education Service every County District has had a minimum of two meetings.

TABLE 4.

Talks.

Total Talks to Women	..	..	..	..	174
Do. Men	..	..	..	..	9
Do. Mixed Adults	..	..	..	..	45
Do. Girls	..	..	..	..	7
Do. Boys	..	..	..	..	—
Do. Mixed Youth	..	..	..	..	7
Do. Mixed Adults and Youth			..	..	—
				TOTAL	242

TABLE 5.

Film Shows.

Total Film Shows to Women	..	..	..	..	6
Do. Men	..	..	..	..	—
Do. Mixed Adults	..	..	..	..	4
Do. Girls	..	..	..	..	—
Do. Boys	..	..	..	..	—
Do. Mixed Youth	..	..	..	..	—
Do. Mixed Adults and Youth	..	..			—
				TOTAL	10

Films were shown to illustrate talks as follows :—

At Talks to Women	..	..	..	..	..	36
Do. Men	..	..	..	..	..	2
Do. Mixed Adults	..	..	..	..	..	14
Do. Girls	..	..	..	..	..	2
Do. Boys	..	..	..	..	..	—
Do. Mixed Youth	..	..	..	..	..	3
Do. Mixed Adults and Youth	..	..	..	..	..	—
				TOTAL		57

In addition to the above, films were shown at eleven meetings during the eight exhibitions to audiences of adults and children.

TABLE 6.

Lecturers' Summary.

LECTURER.	NUMBER OF MEETINGS	PERSONS ADDRESSED	ATTENDANCES
Mr. A. H. Marrow ..	90	2,924	3,847
Mr. N. S. Wass ..	79	1,031	1,410
Dr. I. Powell-Heath ..	24	906	906
Dr. A. R. Margetts ..	20	717	747
Mrs. A. E. Marrow ..	9	338	400
Mrs. A. Lawson ..	3	132	132
Mrs. Evans ..	2	450	450
Miss B. Stewart ..	2	250	250
Mr. D. E. Mason ..	2	34	34
Dr. A. P. Page ..	1	71	71
Mr. G. Glass ..	1	65	65
Mr. S. A. S. Malkin ..	1	61	61
Dr. C. W. W. Jeremiah ..	1	30	30
Miss N. Perkins ..	1	21	21
Miss M. Richardson ..	1	12	12
Mr. F. Wrigley ..	1	3	3
Film Shows ..	10	231	231
Exhibitions ..	8	1,302	1,302
Home Help Service Talks	4	263	263

Honorary Lecturers.

I am very grateful to the under-mentioned for having lectured in an Honorary capacity during the year :—

Mrs. A. E. Marrow ..	Consultant Gynaecological and Obstetric Surgeon.
Mr. S. A. S. Malkin ..	Consultant Orthopaedic Surgeon.
Mr. Gilroy Glass ..	Consultant Ear, Nose and Throat Surgeon
Dr. A. P. M. Page ..	Consultant Paediatrician.

Internal Lecturers.

I am also grateful to members of my Staff for the generosity with which they have given expert assistance to the Health Education Service during the year by giving talks in their free time.

TABLE 7.

Talks Subjects.					No. OF TALKS.
<i>Health Education.</i>					
The Importance of Health Education	..	..	..	..	1
Health Education in the School	..	..	..	..	2
Parent's Responsibility for the Child's Health	..	..	..	..	4
					<hr/> 7 <hr/>
<i>Maternity and Child Welfare.</i>					
Sleep Problems of the Young Child	..	..	..	..	3
Emotional Problems of Pregnancy	..	..	..	..	2
Ante-Natal Care	..	..	..	..	1
Relaxation in Childbirth	..	..	..	..	1
					<hr/> 7 <hr/>
<i>Health of Child and Adolescent.</i>					
Problems of Growth in Childhood	..	..	..	..	5
Health of the School Child	..	..	..	..	6
Care of Children's Feet	..	..	..	..	1
Dental Health of the Child	..	..	..	..	1
Health of the Adolescent	..	..	..	..	7
					<hr/> 20 <hr/>
<i>Sex Education.</i>					
Sex Education	..	..	..	..	5
Sex Hygiene	..	..	..	..	2
Hygiene of Menstruation	..	..	..	..	3
Health During the Menopause	..	..	..	..	5
Problems of Sex	..	..	..	..	1
					<hr/> 16 <hr/>
<i>Mental Health.</i>					
The Child Mind	..	..	..	..	4
Mental Needs of the Child	..	..	..	..	2
Emotional Disturbances in the Child	..	..	..	..	1
The Difficult Child	..	..	..	..	2
Emotional Disturbances in the Adolescent	..	..	..	..	1
					<hr/> 10 <hr/>

 NO. OF TALKS.
General Health.

The Preservation of Health	..	..	..	17
Rest and Relaxation	..	..	..	11
Posture and Care of the Feet	..	..	..	14
Teeth and Health	..	..	..	1
Food and Health	..	..	..	5
Food and Digestion	..	..	..	6
Glands and Hormones	..	..	..	2
Heredity	..	..	..	2
				<hr/>
				58
				<hr/>

Environmental Health.

Sewage Purification	..	..	..	1
Air, Light and Health	..	..	..	3
				<hr/>
				4
				<hr/>

Prevention of Disease.

Food and Drink Infections	..	..	..	15
Kitchen Hygiene	..	..	..	50
First Aid in the Kitchen	..	..	..	9
The Infectious Diseases	..	..	..	3
Influenza and the Common Cold	..	..	..	4
Rheumatism	..	..	..	12
The Problem of Cancer	..	..	..	4
Vaccination and Immunisation	..	..	..	3
				<hr/>
				100
				<hr/>

Health Services Publicity.

The School Health Service	..	..	..	1
The School Dental Service	..	..	..	1
Responsibilities of the Medical Officer of Health	..	..	..	1
The Home Help Service	..	..	..	4
The Almoner Service	..	..	..	2
				<hr/>
				9
				<hr/>

Technical Talks to Health Dept. Staff.

The Care of Children's Feet	..	..	..	2
Problems of Posture in Children	..	..	..	2
Ante-Natal Care	..	..	..	2
Relaxation in Childbirth	..	..	..	2
Congenital Dislocation of Hip	..	..	..	1
The Discharging Ear	..	..	..	1
Childhood Rheumatism	..	..	..	1
				<hr/>
				11
				<hr/>

TABLE 8.

Films Used.

TITLE OF FILM				TIMES USED
Your Children's Sleep	..	..	..	4
Your Children's Eyes	..	..	..	1
Your Children's Ears	..	..	..	1
Your Children's Meals	..	..	..	1
Your Children's Play	..	..	..	2
Growing Girls	..	..	..	15
Sex in Life	..	..	..	1
Human Reproduction	..	..	..	1
Heredity	..	..	..	1
A Start in Life	..	..	..	1
Your Teeth	..	..	..	4
The Digestion of Food	..	..	..	8
Foods and Nutrition	..	..	..	8
Modern Guide to Health	..	..	..	2
Old Wives' Tales	..	..	..	1
Round Figures	..	..	..	1
Care of the Feet	..	..	..	7
The Body's Defences against Disease	..	..	..	3
Immunisation	..	..	..	6
Defeat Diphtheria	..	..	..	2
Surprise Attack (Vaccination)	..	..	..	7
The Common Cold	..	..	..	1
Defeat Tuberculosis	..	..	..	1
Another Case of Food Poisoning	..	..	..	29
A Fly about the House	..	..	..	1
Town Rats	..	..	..	1
Rat Destruction	..	..	..	6

In addition to the above, two recently prepared films on " Cancer of the Breast " and " Cancer of the Lip and Tongue " respectively were shown to some of the Medical and Health Education Staffs.

Strip Films.

Strip Films on Posture, Food and Drink Infections, and Kitchen Hygiene were used to illustrate a total of seven Meetings.

TABLE 9.

Leaflets and Posters.

From a stock of eighty-eight carefully selected leaflets and twenty-four posters the following have been distributed at Meetings, Welfare Centres, and Exhibitions.

Leaflets.

Food	(34 leaflets)	..	24,951
General Health	(13 ,,)	..	8,825
Maternity and Child Welfare	(11 ,,)	..	6,466
Sex Education	(9 ,,)	..	2,228
Immunisation and Vaccination	(3 ,,)	..	10,516
Diseases and Disease Vectors	(18 ,,)	..	26,791
			<hr/>
			79,777
			<hr/>

Posters.

Immunisation and Vaccination	..	..	..	70
Coughs and Colds .. .. .	..	..	..	131
Accident Prevention	..	..	..	211
Food .. .. .	..	..	..	122
				<hr/>
				534
				<hr/>

DOMESTIC HELP SERVICE (Section 29).

The only alterations in the structure of the Service during the year were the introduction in July of a revised Scale of Assistance, an increase in the rate of pay to Home Helps from 1s. 9d. to 2s. per hour in November, and an increase in the standard charge from 2s. to 2s. 6d. per hour, also in November, made inevitable by rising administrative costs.

Although these changes brought about considerable fluctuation in the demand and supply, the position had stabilised by the end of the year and over the whole period considerable progress had been made.

Less difficulty was experienced in building up our nine teams of Home Helps established in Urban Districts and Boroughs with the type of woman who is not only capable of running the patient's home in a satisfactory manner, but who has a real vocation for service. This quality is more and more essential if we are to deal adequately with the ever increasing demands for help coming in daily from medical practitioners, hospital almoners and other social workers, particularly for old people living alone, some of whom are bed-ridden or partially so.

Whilst many of these cases are found to be free on application of the County Council's Scale of Assistance resulting in a decreasing annual income in proportion to the increasing hours of service given, it is, in fact, the most economical way of improving the lot of the aged (now a very high proportion of our population) and compared with the increased cost of hospital accommodation (even if it were available), may be regarded as a saving rather than an expenditure.

Administrative work in connection with the scheme is undertaken by Sub-Organisers and Case-Workers (with clerical assistance where necessary) and not by the Health Visitors, though close co-operation with all members of the Health Team is maintained. All cases are reviewed frequently to ensure a minimum wastage of woman-power.

During the year the number of hours of service amounted to 253,725 as compared with 191,454 in 1950. The total number of cases served during the year was 2,057 made up of 482 maternity cases, 669 general illnesses, 819 old age, 39 Tuberculosis, and 48 cases of mothers with families.

The number of Home Helps employed at the end of the year was 250, 64 of these working over thirty hours per week and the remainder thirty hours per week or under.

MENTAL HEALTH SERVICE (Sections 28 and 51).

Administration.

The Local Health Authority's Mental Health functions are dealt with by the Mental Health Sub-Committee of the County Health Committee which meets quarterly. The Sub-Committee consists of eighteen members, including three District Council representatives and three added members with special experience of Mental Health work, and it also includes, from the membership of the County Health Committee, members of the County Council's Education, Welfare; and Children's Committees as well as members of the former Committee for the Care of the Mentally Defective and Visiting Committee of the former County Mental Hospital which is now the Saxondale Hospital.

Staff.

(a) Medical.

The organisation, control and medical direction of the Service are carried out through the Mental Health Section of the Public Health Department under the general direction of the County Medical Officer.

During the major part of 1951, it was necessary for my Deputy, Dr. C. W. W. Jeremiah, to continue to devote a proportion of his time to Mental Health matters and to undertake the urgent clinical work involved. In November, however, it proved possible to implement the Authority's approved proposal to appoint a full-time Medical Officer for Mental Health and Dr. F. R. Walker, M.A. (Psych.), L.M.S.S.A., was appointed to the post.

With a view to rendering assistance in emergency, all full-time Medical Officers of Health in the County, as well as Assistant County Medical Officers engaged in School Health Service duties, are approved as Certifying Officers for the purposes of the Mental Deficiency Acts.

(b) *Non-Medical.*

The following non-medical staff of my Department were employed on administrative and statutory duties in the Mental Health Service on 31st December, 1951 :—

- (i) a male Mental Health Officer ;
- (ii) a female Superintendent Mental Health Worker ;
- (iii) a female Mental Health Worker ;
- (iv) ten part-time male Mental Health Workers (also employed half-time as District Welfare Officers) ;
- (v) a male Assistant Mental Health Worker and District Welfare Officer for relief duties ;
- (vi) Mansfield Occupation Centre staff :—
 - One Instructress ;
 - One Assistant Instructress ;
 - One part-time temporary female Assistant ;
 - Two part-time female Escorts ;
 - One female Trainee (temporarily absent under training).
- (vii) Two female Home Teachers.
- (viii) Two clerks and a shorthand typist.

There were vacancies on the approved establishment for two female Mental Health Workers.

Co-ordination with Regional Hospital Boards.

The Local Health Authority continued during the year to provide, without charge, the services of their Officers in the regular supervision of patients on licence from mental deficiency institutions and in the preparation of the various reports on home conditions required by institutions in connection with licence, holiday leave, and the re-consideration of Orders either by the Visitors or as the result of applications for discharge. Medical reports on patients on licence were also completed by my staff on request. Throughout the year, there was the closest consultation with the Regional Psychiatrist in connection with the admission of mental defectives to institutions and full details of every urgent case were submitted for his consideration.

The Authority's Duly Authorised Officers have, of necessity, to maintain close contact with the medical officers responsible for the treatment of mental illness, and the shortage of hospital accommodation further emphasises the need for this. Where possible, use is made of out-patient facilities and the Duly Authorised Officer does his best to ensure that all available information is transmitted to the Clinic when a patient is referred. The Authority have not been asked to assist in the supervision of patients on trial from mental hospitals as this work is normally undertaken by hospital social workers, and neither are there any arrangements for the joint use of Officers. At the same time, however, there are occasions either during the treatment of a patient or afterwards when the Local Health Authority and Hospital Services

can be of mutual help and every effort is made to give such assistance as is requested. Nevertheless I am convinced that, in the field of after-care at any rate, the fullest use is not yet being made of the Duly Authorised Officer's long experience and intimate knowledge of local conditions and mental health problems, and this is a fault which, so far, it has not been possible to rectify.

Voluntary Associations.

None of the Authority's Mental Health duties has been delegated to Voluntary Associations but an annual grant is made to the National Association for Mental Health and advantage is taken from time to time of the special facilities and information which this Association are able to provide. In particular, the Association's assistance has been sought in connection with the training of Occupation Centre and Home Teaching staff.

Training of Staff.

Arrangements were made during the year for the attendance of the Assistant Instructress at the Mansfield Occupation Centre and of the two Home Teachers at short refresher courses organised by the National Association for Mental Health whilst, in September, the female trainee at the Occupation Centre commenced to attend the Association's one-year course for Occupation Centre Supervisors held in London.

In July, 1951, the Superintendent Mental Health Worker attended a short refresher course for Social Workers in Mental Health which was organised by the Department of Extra-Mural Studies of the University of Sheffield, and this officer also attended the Annual Conference of the National Association for Mental Health.

The Mental Health Officer and all the male Mental Health Workers have previously attended training courses at the University of Sheffield whilst the Superintendent Mental Health Worker attended a two-month course held in London, early in 1948. With the exception of the female Mental Health Worker, therefore, all the Authority's authorised officers have now attended courses and it is hoped that there will be an early opportunity of enabling the female Mental Health Worker to do so.

Work undertaken in the Community.

Section 28, National Health Service Act, 1946.

Prevention of Illness, Care and After-Care.

An account is given in the pages which follow of the work undertaken in the care and after-care of mental defectives in their own homes. In addition to such assistance as can be given through the Mental Health Service, the Mental Health Workers seek to ensure that responsible relatives are made aware of the various other social services which are available to help them in the care of defectives. In particular there continues to be close co-operation with the Youth Employment

Service and the Ministry of Labour in finding suitable employment, and with the National Assistance Board in respect of the less fortunate defectives who are unfit for work. One of the gravest problems confronting Mental Health Workers is that of the family in which there is a defective child whose behaviour and mental condition make institution care a matter of great urgency but whose removal cannot be secured because of the shortage of accommodation. Very often it is found that the parents are almost at the end of their endurance and refuse to be convinced that it is so difficult to find even one institution bed for the child or that there are many other cases of equal urgency. Nevertheless, the opportunity to discuss such problems and to 'open their hearts' to a sympathetic hearer often helps to relieve parental tension and it is not an exaggeration to suggest that frequent supportive visits are often the means of preventing tragic disruption in the home.

In the sphere of mental illness, there is close co-operation with general practitioners and the hospital services in dealing with patients in the early stages of mental breakdown, and advice is given, or arrangements made, in connection with attendance at Psychiatric Out-Patient Clinics. There is also interchange of information with the Psychiatrists attending the Clinics and with the Psychiatric Social Workers from the Hospitals. As previously reported, most of the Authority's Mental Health Workers have long experience in general social welfare in the County and it is noticeable how they continue to be regarded as 'maids of all work' and how they are called upon to help in cases which do not come strictly within their province. Particularly is this so in regard to the elderly chronic sick and it is to their great credit that they have, for instance, been able to arrange admissions to hospitals on a number of occasions when others have failed. There is a school of thought which holds that persons engaged in the Mental Health Service should have *ad hoc* responsibilities but experience in this County, where the male District Mental Health Workers are also District Welfare Officers, indicate that in these days when there are many cases which do not fit into any definite category—and there are far too many watertight compartments in the present-day structure of the social services—it is of considerable advantage to have officers with broader responsibilities and a broader outlook on social problems and their solution. It remains to be seen whether this arrangement will show to the same advantage in the future when accommodation problems have been solved but, in the meantime, I am convinced that it has much to commend it.

After-care of patients suffering from mental illness is still only being carried out on a comparatively small scale. In the case of the Saxondale Hospital, the Hospital's own Psychiatric Social Workers follow-up patients discharged but occasional requests for assistance are received from them and also from the Mapperley and Coppice Hospitals. During 1951, twenty-three cases were referred to the Local Health Authority for after-care and twenty-seven such cases were being visited at the end of the year.

The County Council's general scheme for the loan of nursing equipment and appliances was utilised where necessary during the

year in assisting persons suffering from mental illness or defectiveness and mention should be made of the valuable assistance given by the Authority's Home Help and Ambulance Services.

Lunacy and Mental Treatment Acts, 1890-1930.

The following figures summarise the work undertaken by the Local Health Authority's Duly Authorised Officers during the year in securing treatment for persons suffering from mental illness :—

<i>Admissions to Hospital</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
(a) Mental Treatment Act, 1930—			
As Voluntary Patients (Section 1)	26	24	50
As Temporary Patients (Section 5)	1	2	3
(b) Lunacy Act, 1890—			
Under Summary Reception Orders			
(Section 16)	70	93	163
Under 3-day Orders (Section 20)	23	23	46
Under 14-day Orders (Section 21)	2	—	2
Under Urgency Orders (Section 11)	1	—	1
Referred to Psychiatric Out-Patient			
Clinics	9	16	25
	132	158	290

Of the forty-nine patients dealt with under Sections 11, 20 and 21 of the Lunacy Act, thirteen were subsequently certified ; thirty became Voluntary patients, and six were able to take their discharge.

Once again, it is disturbing to note the proportion of aged persons who were dealt with during the year as the following table shows :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Aged 65-70 years	10	19	29
„ 71-80 years	14	16	30
„ 81 years or over	1	1	2
	25	36	61

These figures show an increase of sixteen over the previous year—when forty-five persons over sixty-five years of age were dealt with—and they appear to indicate that little progress has been made in providing alternative forms of care for these unfortunate old people. Prior to 1948, the County Institution, backed by the statutory authority of the Relieving Officer, offered a ready solution and applications for admission could speedily be dealt with. Nowadays, however, the Duly Authorised Officer, owing to limitations of hospital

accommodation, is obliged to spend a great deal of his time in trying to circumvent the admission of senile patients to a Mental Hospital and it is usually only in the last resort that the certification procedure is invoked. The crying need of the times is that of accommodation, specially conceived and designed for the care of the aged sick where admission is available without the "insult" of certification and where general and nursing care is provided to meet the frailties of body and mind that normally accompany the approaching end of a long life.

Mental Deficiency Acts, 1913-38.

(i) *Ascertainment.*

Ninety-six new cases were reported during the year and, in addition, three defectives (two males and one female) previously ascertained were formally reported by the Local Education Authority under Section 57(3) of the Education Act, 1944, giving a total of ninety-nine as follows :—

			M.	F.	T.
(a)	Cases reported by Local Education Authorities (Section 57, Education Act, 1944) :				
	Under Section 57(3) .. .. .	..	19	22	41
	Under Section 57(5) .. .. .	..	8	7	15
(b)	Cases referred by Police or by Courts ..	..	6	—	6
(c)	Other cases reported during 1951 and found to be 'subject to be dealt with' .. .. .	..	3	2	5
	Total cases ascertained to be 'subject to be dealt with' during the year .. .. .	..	36	31	67
(d)	Other cases reported during 1951 who were not 'subject to be dealt with' .. .. .	..	17	15	32
			53	46	99

These cases were dealt with in the following manner :—

			M.	F.	T.
(e)	Cases ascertained to be 'subject to be dealt with' :				
	Admitted to Institutions (by Order) ..	6*	3	9	
	Placed under Guardianship .. .. .	..	1	—	1
	Placed under Statutory Supervision ..	14	19	33	
	Died or removed from area .. .. .	..	1	2	3
	Action not yet taken at 31-12-51 ..	14	7	21	
(f)	Cases not at present 'subject to be dealt with' :				
	Placed under Voluntary Supervision ..	15	11	26	
	Action unnecessary .. .. .	..	2	4	6
			53	46	99

*Includes four patients previously detained in a Place of Safety.

The number of new cases ascertained in 1951 was exactly the same as the figure for the previous year. At the 31st December, 1951, the number of old cases verified and new cases reported since the re-organisation of the Mental Deficiency arrangements in 1933 totalled 3,408 of whom 2,231 remained on the register.

The incidence of known defectives per thousand of the population was 4.16 but this does not take into account the 1,388 ascertained or alleged educationally sub-normal children coming within the purview of the Local Education Authority many of whom will eventually be reported to the Local Health Authority for the purposes of the Mental Deficiency Acts.

(ii) *Guardianship.*

One new Order for Guardianship was made during the year in respect of a female patient, aged ten years, following the presentation of a petition.

Varying Orders were obtained for the transfer of one female defective from Guardianship to Institution care and for the transfer of a male patient from Institution care to Guardianship.

One female patient died in 1951 and, in the case of another female patient, aged 18 years, the Order was discharged by the Board of Control on the Local Health Authority's recommendation following the assumption by the National Assistance Board of responsibility for the payment of a maintenance allowance.

The number of patients remaining under guardianship at 31st December, 1951, was forty, made up as follows :—

(i)	Under parental guardianship	..	..	..	10
(ii)	Under guardianship of a relative other than a parent				28
(iii)	Under guardianship of a non-relative	..	..		2
					—
					40
					==

Only two of these patients were under sixteen years of age—and therefore ineligible for National Assistance Board allowances—and a maintenance allowance was paid by the County Council in each case. Assistance was also given in the provision of clothing and bedding for these patients.

In accordance with previously approved arrangements, the Local Health Authority continued to make a small weekly payment to Guardians other than parents in recognition of their services. Assistance was also afforded with holiday travelling and maintenance expenses in appropriate cases.

The routine supervision of Guardianship cases continued to be undertaken during the year by the Superintendent Mental Health

Worker and the Female Mental Health Worker. With the appointment of the Medical Officer for Mental Health in November, it was also possible to resume the routine medical visitation of these patients. At least one visit was paid in each case before the end of the year and appropriate advice was given where necessary.

(iii) *Supervision.*

The numbers of patients remaining under supervision at home on 31st December, 1951, were as follows :—

				<i>Males</i>	<i>Females</i>	<i>Total</i>
<hr/>						
STATUTORY SUPERVISION :						
Under sixteen	..	..	..	85	72	157
Over sixteen	..	..	..	296	183	479
VOLUNTARY SUPERVISION :						
Under sixteen	..	..	..	2	2	4
Over sixteen	..	..	..	345	346	691
				728	603	1,331
<hr/> <hr/>						

During the year the names of eight patients (six males and two females) were removed from the list of cases under statutory supervision and visitation was also discontinued in thirty-three cases (eighteen males and fifteen females) previously under voluntary supervision. In each case the patient concerned was considered to have shown by his or her conduct over a period of years that supervision was no longer necessary or desirable.

Routine visitation of patients under statutory or voluntary supervision was carried out by the eleven male Mental Health Workers with assistance being afforded by the Superintendent Mental Health Worker in cases presenting any unusual features. Approximately 6,000 domiciliary visits were paid during the year and, whilst experience shows that there are many cases where only infrequent visits are necessary, there are cases where it is important to maintain a constant oversight in order to try as far as possible to prevent any deterioration in either behaviour or environment. This is particularly important in the case of the delinquent or potentially delinquent defective and the defective with obvious sexual tendencies. In a great many such cases institution care is desirable but the current shortage of such accommodation very often results in patients having to remain at home in conditions which foster anti-social behaviour.

(iv) *Training.*

(a) *Occupation Centre.*

The existing arrangements for the provision of occupation and training through the Occupation Centre conducted at the Folk House, Westfield Lane, Mansfield, were continued during the year.

The number of patients attending at the end of the year was twenty-nine (thirteen males and sixteen females) and attendances totalled 4,206 out of a possible 5,281 ; an average attendance of 79.6%.

As last year, two parties were given at Christmas for the defectives and their relatives and two outings also took place during the summer months. In each case, the County Council made a grant towards the cost.

At the end of the year, the staff at the Centre consisted of an Instructress, an Assistant Instructress, two female Escorts, and a part-time temporary female assistant who was engaged to replace the female trainee when, in September, the latter commenced to attend the one-year Course for Staffs of Occupation Centres, etc. organised by the National Association for Mental Health.

I had hoped that it would have been possible for me on this occasion to report the opening of the proposed new Occupation Centre at Mansfield. Unfortunately, however, building operations on this project have still not commenced and it seems very unlikely that they will do so even in 1952. At the time of writing (June, 1952) it is discouraging to record that, after completing the purchase of the site at Debdale Lane, Mansfield, and securing Ministry approval of tenders for the work, further delay is now being occasioned because of the steel shortage and it is possible that no steel will be allocated before 1953. As the steel is required for the foundations of the building, it is impossible to proceed at present although representations are being made by the Authority in the hope that an earlier starting date may be allocated.

(b) *Home and Group Teaching.*

Owing to the lack of demand in the district, it was decided during the year to discontinue the West Bridgford Group Teaching Centre and to open a Centre at Retford. At the end of the year, therefore, group centres were being held fortnightly in the following places :—

Balderton	Retford
Beeston	Stapleford
Carlton	Sutton-in-Ashfield
Eastwood	Worksop
Hucknall	
Kirkby-in-Ashfield	

Attendances continued at a satisfactory level as shown in the following summary and the two Home Teachers also gave fortnightly instruction to a number of other defectives in their own homes where, for various reasons, the patients concerned were unable to attend a group centre :—

Group Centres :

Number on Register at 31-12-1951	..	..	63
Sessions held in 1951	..	..	229
Total attendances	..	..	1,227

Individual home visits :

Numbers being visited at 31-12-1951	..	..	56
Number of visits in 1951	..	..	1,230
Hours of instruction given	..	..	1,117

The stage has now been reached where the two Home Teachers cannot, owing to the time factor, materially increase the number of defectives under instruction and, for this reason, the County Council have approved the appointment of a third Home Teacher in 1952. When this appointment has been made, it will be possible to cater for more patients and, it is hoped, to increase the frequency of group centre sessions and individual home visits in existing cases.

(v) Institution Care.

Orders were made for the admission of twenty-seven patients (fourteen males and thirteen females) to Institutions during the year. Of this number, one Order in respect of a female defective was made by H.M. Secretary of State, one was made by a Court in respect of a male patient found guilty of an offence, and twenty-five by Judicial Authorities following the presentation of petitions. In addition, a new Order was obtained in respect of a male patient to replace a previous Order which had lapsed 'by operation of law,' a female patient was admitted as a result of a Varying Order from Guardianship and, with the assistance of the Authority's Officers, a male patient was placed in an institution by his parent under Section 3 of the Mental Deficiency Act. Eleven of the patients dealt with on petition (seven males and four females) had previously been detained in places of safety.

Thirteen defectives (eight males and five females) were admitted to places of safety during the year—six males under Court Orders and the remainder at the instance of the Local Health Authority's Authorised Officers. One male and one female patient removed by the Authority's Officers were returned to their homes following improvement in the home conditions and another male patient who had been sent to a place of safety by Court Order was placed on probation at home when it proved impossible to secure an institutional vacancy for him.

Sixteen defectives (five males and eleven females) were discharged from Order during the year and the deaths of five females were reported.

The total number of defectives remaining on the books of institutions on 31st December, 1951, was 481, as follows :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Institutions in the area of the Sheffield Regional Hospital Board	87	180	267
Institutions outside the Sheffield Region	117	71	188
Rampton and Moss Side Hospitals for Mental Defectives	17	9	26
	221	260	481

On the 31st December, 1951, the ratio of defectives in Institutions per thousand of the population of the County, excluding cases on licence, was 0.8 as against 0.32 at the end of 1933.

Reports for the information of the Visitors were completed by the Authority's Mental Health Workers on behalf of Hospital Management Committees in respect of 162 cases where Orders became due for re-consideration during the year.

On the 31st December, 1951, the number of defectives 'subject to be dealt with' for whom institution accommodation was required totalled 193 (ninety-eight males and ninety-five females), including seventy (thirty-six males and thirty-four females) under the age of sixteen years. Of the total number, seventy-eight defectives were considered to be in real and urgent need of removal. Once again, it is necessary for me to lay stress on the extreme difficulty which is being experienced in finding institutional accommodation and, despite the ready co-operation of the Regional Hospital Board and their officials for which I record my sincere appreciation, many of the most urgent cases have to remain at home because there is insufficient accommodation for the category of defective to which they belong. Particularly does this apply to children of both sexes and to adult males.

(vi) *Licence.*

According to information supplied by institutions, the number of Nottinghamshire patients on licence on 31st December, 1951, was fifty (sixteen males and thirty-four females) of whom twenty-seven (eight males and nineteen females) were residing within the County area.

The Authority's Mental Health Workers undertook the routine supervision of patients on licence in the County, and help and advice were given where necessary.

Progress reports were forwarded to Institutions at regular intervals and a number of other reports were supplied as shown in the following summary :—

Progress reports	.. .. .	134
Reports on applications for holiday leave	.. .. .	42
Do. licence	.. .. .	10
Do. discharge from Order	.. .. .	3
Bi-ennial review special reports (including medical reports and recommendations as to suitability for discharge)	.. .. .	4

Arrangements were also made for the re-consideration by the County Visitors of the Orders in respect of two male and two female defectives who were on licence in the County in order that these patients need not return to their respective Institutions for the purpose. Special Reports and Certificates were also completed in respect of three male patients who were on licence at the Tuxford Agricultural Hostel.

STATISTICAL TABLES

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TABLE I.

NOTTINGHAMSHIRE.

Vital Statistics for the Year 1951.

BOROUGHES AND URBAN DISTRICTS.

BOROUGHES AND URBAN DISTRICTS	Area in Acres (Land and Inland Water)	Persons per Acre	Families or separate Occupiers at Census 1951	Persons per Family at Census 1951	Population, Census 1951	Population estimated to the middle of 1951	Births			Deaths under 1 year of age		Deaths			Death Rate from Pulmonary Tuberculosis per 1,000 of population	Death Rate from ALL Tuberculous Diseases per 1,000 of population
							Number	Rate (Crude)	Rate (Corrected)	Number	Rate per 1,000 Registered Live Births	Number	Rate (Crude)	Rate (Corrected)		
MANSFIELD (Borough)	7,009	7.2			51,343	50,960	807	15.83	15.35	28	34.69	600	11.75	12.92	0.24	0.25
WORKSOP (Borough)	17,936	1.7			31,038	31,110	529	17.00	18.19	20	37.80	362	11.63	13.96	0.29	0.35
NEWARK (Borough)	3,364	6.8			22,909	22,820	353	15.46	15.61	9	25.49	292	12.79	12.66	0.22	0.22
EAST RETFORD (Borough)	4,657	3.5			16,312	16,470	285	17.30	17.13	6	21.06	225	13.66	12.98	0.42	0.42
ARNOLD	4,506	4.8			21,474	21,550	303	14.06	13.50	11	36.30	233	10.81	11.78	0.13	0.13
BEESTON & STAPLEFORD ..	6,462	7.8			49,849	50,220	735	14.63	14.19	13	17.69	507	10.09	11.80	0.28	0.30
CARLTON	4,018	8.5			34,248	34,360	520	15.13	16.68	12	23.07	356	10.36	10.88	0.29	0.32
EASTWOOD	1,178	8.4			9,896	9,870	197	19.99	20.79	4	20.30	93	9.42	11.30	0.10	0.20
HUCKNALL	4,029	5.8		NOT AVAILABLE	23,213	23,290	402	17.26	17.09	13	32.33	244	10.47	12.88	0.04	0.08
KIRKBY-IN-ASHFIELD ..	5,830	3.4		NOT AVAILABLE	20,131	20,180	302	14.96	15.56	16	52.98	247	12.23	13.94	0.09	0.25
MANSFIELD WOODHOUSE ..	4,834	3.7			17,819	17,740	321	18.09	18.81	14	43.61	181	10.20	12.65	0.11	0.25
SUTTON-IN-ASHFIELD ..	10,507	3.9			40,521	40,240	680	16.89	17.06	22	32.35	477	11.85	13.86	0.32	0.39
WARSOP	7,174	1.5			10,888	10,910	194	17.78	17.96	6	30.92	111	10.17	12.81	0.18	0.18
WEST BRIDGFORD ..	3,501	7.1			24,838	24,780	332	13.39	13.39	9	27.10	335	13.51	11.08	0.36	0.40
TOTALS ..	85,005	4.4			374,479	374,500	5,960	15.91	15.91	183	30.70	4,263	11.37	12.54	0.24	0.27

TABLE II. **NOTTINGHAMSHIRE.** **Vital Statistics for the Year 1951.**
RURAL DISTRICTS.

RURAL DISTRICTS	Area in Acres (Land and Inland Water)	Persons per Acre	Families or separate Occupiers at Census 1951	Persons per Family at Census 1951	Population, Census 1951	Population estimated to the middle of 1951	Births			Deaths under 1 year of age		Deaths			Death Rate from Pulmonary Tuberculosis per 1,000 of population	Death Rate from ALL Tuberculous Diseases per 1,000 of population
							Number	Rate (Crude)	Rate (Corrected)	Number	Rate per 1,000 Registered Live Births	Number	Rate (Crude)	Rate (Corrected)		
BASFORD	..	71,571	0.71		50,302	50,530	807	15.97	16.29	17	21.06	585	11.57	11.91	0.20	0.20
BINGHAM	..	67,583	0.30		20,556	20,780	292	14.05	15.17	10	34.24	232	11.16	9.82	0.19	0.24
WORKSOP	..	28,515	0.60		17,234	17,270	313	18.12	18.30	10	31.95	145	8.39	10.65	0.23	0.29
EAST RETFORD	..	111,032	0.19		21,530	21,650	312	14.41	15.44	11	35.25	264	12.19	11.46	0.09	0.19
NEWARK	..	41,550	0.27		11,267	11,228	200	17.81	17.20	4	20.00	120	10.68	10.47	0.36	0.36
SOUTHWELL	..	118,586	0.33		39,705	39,840	667	16.74	17.74	17	25.50	395	9.91	11.20	0.25	0.25
SHIRE HALL	..	1	2		—	2	—	—	—	—	—	—	—	—	—	—
TOTALS	..	438,838	0.37		160,596	161,300	2,591	16.06	16.70	69	26.63	1,741	10.79	11.11	0.21	0.25

TABLE III.

NOTTINGHAMSHIRE.

Vital Statistics for the Year 1951.

WHOLE ADMINISTRATIVE COUNTY.

	Area in Acres (Land and Inland Water)	Persons per Acre	Families or Separate Occupiers at Census 1951	Persons per Family at Census 1951	Population, Census 1951	Population estimated to the middle of 1951	Births			Deaths under 1 year of age		Deaths			Death Rate from Pulmonary Tuberculosis per 1,000 of population	Death Rate from All Tuberculous Diseases per 1,000 of population
							Number	Rate (Crude)	Rate (Corrected)	Number	Rate per 1,000 Registered Live Births	Number	Rate (Crude)	Rate (Corrected)		
URBAN DISTRICTS ..	85,005	4.4	NOT AVAILABLE	NOT AVAILABLE	374,479	374,500	5,960	15.91	15.91	183	30.70	4,263	11.37	12.54	0.24	0.27
RURAL DISTRICTS ..	438,838	0.37			160,596	161,300	2,591	16.06	16.70	69	26.63	1,741	10.79	11.11	0.21	0.25
WHOLE ADMINISTRATIVE COUNTY	523,843	1.02			535,075	535,800	8,551	15.95	16.11	252	29.47	6,004	11.20	12.10	0.23	0.27

TABLE IV.

NOTTINGHAMSHIRE.

Abstract of Vital Statistics.

Year	Estimated Population at the <i>middle</i> of the year	Excess of Births over Deaths	Persons per Acre	Separate Families	Persons per Family	Registered Births	Births per 1,000 of the population	Deaths under 1 year per 1,000 Births	Net Deaths	Net Death Rate per 1,000 of the Population
1902	282,563	4804	·54	..	..	8920	31·5	138	4116	14·5
1903	289,001	4926	·55	..	..	9072	31·3	134	4146	14·3
1904	295,586	5086	·56	..	..	9379	31·7	139	4293	14·5
1905	302,321	4389	·57	..	..	8880	29·3	126	4491	14·8
1906	309,209	4849	·59	..	..	9088	29·3	121	4239	13·7
1907	316,355	4412	·60	..	..	8962	28·3	127	4550	14·3
1908	323,461	5358	·62	..	..	9818	30·3	119	4460	13·7
1909	330,831	5316	·63	..	..	9740	29·4	106	4424	13·3
1910	338,937	5223	·64	..	..	9554	28·2	110	4331	12·7
1911	345,930	4903	·66	76,236	4·5	9453	27·3	125	4550	13·1
1912	355,046	5007	·68	..	..	9213	25·9	93	4206	11·8
1913	362,307	4934	·69	..	..	9369	25·8	101	4435	12·2
1914	367,617	4845	·70	..	..	9541	25·9	107	4696	12·7
1915	353,193	3775	·67	..	..	8843	25·0	112	5068	14·3
1916	344,501	4126	·66	..	..	8567	22·8	95	4441	12·8
1917	344,822	3372	·66	..	..	7589	19·7	95	4217	12·2
1918	339,456	1725	·65	..	..	7742	20·3	100	6017	17·7
1919	366,331	2948	·70	..	..	7507	19·6	95	4559	12·4
1920	380,928	5667	·73	..	..	9836	25·8	85	4169	10·9
1921	381,969	4774	·73	85,646	4·4	9187	24·1	86	4413	11·5
1922	386,130	4177	·74	..	..	8316	21·5	69	4139	10·7
1923	388,019	3763	·74	..	..	8023	20·6	77	4260	11·0
1924	391,700	3715	·75	..	..	8085	20·6	79	4370	11·2
1925	393,400	3373	·75	..	..	7921	20·1	77	4548	11·6
1926	398,900	3310	·75	..	..	7739	19·4	73	4429	11·1
1927	408,100	2984	·78	..	..	7613	18·6	69	4629	11·3
1928	422,700	3549	·81	..	..	7941	18·8	64	4392	10·4
1929	429,300	2242	·82	..	..	7517	17·5	76	5095	11·8
1930	439,400	3261	·84	..	..	7746	17·6	62	4485	10·2
1931	447,900	2617	·86	*109,674	3·9	7695	17·2	72	5078	11·3
1932	451,600	2821	·86	..	..	7534	16·7	66	4713	10·4
1933	444,970	2036	·86	..	..	6945	15·5	68	4909	10·9
1934	448,500	2395	·87	..	..	7042	15·7	54	4647	10·4
1935	453,500	2382	·86	..	..	7083	15·6	56	4701	10·4
1936	459,000	2005	·88	..	..	7033	15·3	58	5028	10·9
1937	465,800	2218	·89	..	..	7318	15·7	59	5100	10·9
1938	470,900	2796	·90	..	..	7549	16·0	46	4753	10·1
1939	<i>a</i> 478,200 <i>b</i> 479,900	2511	·91	..	..	7847	16·4	51	5336	11·1
1940	483,240	1735	·92	..	..	7610	15·7	58	5875	12·2
1941	492,750	2501	·94	..	..	7954	16·1	62	5453	11·1
1942	481,200	3755	·92	..	..	8659	18·0	48	4904	10·2
1943	472,300	3946	·90	..	..	9255	20·2	47	5309	11·2
1944	474,960	5125	·91	..	..	10,343	21·8	47	5218	11·0
1945	475,910	4068	·91	..	..	9096	19·1	44	5028	10·5
1946	495,620	4693	·95	..	..	10,001	20·2	41	5308	10·7
1947	505,690	5114	·97	..	..	10,673	21·2	41	5559	11·0
1948	518,300	4483	·99	..	..	9486	18·3	42	5003	9·6
1949	523,160	3562	·99	..	..	9098	17·4	32	5536	10·6
1950	533,870	3114	1·01	..	..	8683	16·3	34·5	5571	10·4
1951	535,800	2547	1·02	..	..	8551	15·9	29·4	6004	11·2
For Comparison—										
1951	England and Wales	..	..	..	..	..	15·5	29	..	12·5
	126 County Boroughs and Great Towns including London	..	..	..	..	..	17·3	34	..	13·4
	148 Smaller Towns	..	..	..	..	..	16·7	27	..	12·5
	London (Administrative County)	..	..	..	..	..	17·8	26	..	13·1

* Adjusted figures owing to alteration in area under the Nottingham Corporation Act, 1932, as from the 1st April, 1933.

a Population figures for calculation of Birth rates.

b Population figures for calculation of Death rates and incidence of notifiable diseases.

TABLE V.

NOTTINGHAMSHIRE.

INFANTILE MORTALITY, 1951.

DISTRICT	NO. OF LIVE BIRTHS	DEATHS UNDER ONE YEAR OF AGE		DEATHS UNDER ONE MONTH	
		Total No.	Rate per 1,000 Live Births	No.	Rate per 1,000 Live Births
MANSFIELD (Borough) ..	807	28	34.69	16	19.82
WORKSOP (Borough) ..	529	20	37.80	8	15.12
NEWARK (Borough) ..	353	9	25.49	5	14.16
EAST RETFORD (Borough)	285	6	21.06	4	14.03
ARNOLD	303	11	36.30	10	33.00
BEESTON & STAPLEFORD	735	13	17.69	8	10.88
CARLTON	520	12	23.07	8	15.38
EASTWOOD	197	4	20.30	1	5.07
HUCKNALL	402	13	32.33	5	12.44
KIRKBY-IN-ASHFIELD ..	302	16	52.98	8	26.49
MANSFIELD W'HOUSE ..	321	14	43.61	4	12.46
SUTTON-IN-ASHFIELD ..	680	22	32.35	17	25.00
WARSOP	194	6	30.92	2	10.31
WEST BRIDGFORD ..	332	9	27.10	6	18.07
URBAN DISTRICTS ..	5,960	183	30.70	102	17.11
BASFORD	807	17	21.06	12	14.87
BINGHAM	292	10	34.24	7	23.97
WORKSOP	313	10	31.95	4	12.78
EAST RETFORD	312	11	35.25	7	22.43
NEWARK	200	4	20.00	3	15.00
SOUTHWELL	667	17	25.50	10	15.00
RURAL DISTRICTS ..	2,591	69	26.60	43	16.59
WHOLE COUNTY ..	8,551	252	29.40	145	16.96

TABLE VI.

Causes of Death at Different Periods of Life in the Administrative County of Nottingham, 1951.

No.	CAUSES OF DEATH	SEX	AGGREGATE OF URBAN DISTRICTS							AGGREGATE OF RURAL DISTRICTS							Total for Co'ty
			All Ages	0—	1—	5—	15—	45—	65—	All Ages	0—	1—	5—	15—	45—	65—	
	ALL CAUSES	M	2261	110	13	11	150	574	1403	923	44	11	7	56	205	600	3184
		F	2002	73	15	13	133	421	1347	818	25	7	8	64	164	550	2820
	TOTALS		4263	183	28	24	283	995	2750	1741	69	18	15	120	369	1150	6004
1	Tuberculosis Respiratory	M	54	..	..	..	16	30	8	14	..	..	..	4	6	4	68
		F	36	..	1	1	24	6	4	20	1	..	..	14	3	2	56
2	Do. Other ..	M	10	2	1	1	6	..	..	2	..	..	1	..	1	..	12
		F	6	1	2	..	2	1	..	2	..	1	1	..	..	..	8
3	Syphilitic Disease ..	M	9	..	..	..	1	5	3	..	..	..	..	..	..	..	9
		F	4	1	..	..	..	1	2	1	..	..	..	1	..	..	5
4	Diphtheria	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5	Whooping Cough ..	M	2	..	2	..	..	..	..	4	2	2	..	..	..	..	6
		F	2	1	1	..	..	..	..	..	..	..	..	..	..	..	2
6	Meningococcal Infections	M	2	..	1	..	..	..	1	1	1	..	..	..	..	..	3
		F	..	..	..	..	..	..	..	1	..	1	..	..	..	..	1
7	Acute Poliomyelitis ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		F	..	..	..	..	..	..	..	1	..	..	..	1	..	..	1
8	Measles	M	4	3	1	..	..	..	..	4	..	3	1	..	..	..	8
		F	2	1	1	..	..	..	..	..	..	..	..	..	..	..	2
9	Other Infective and Parasitic Diseases ..	M	5	1	1	..	1	2	..	..	..	..	..	..	..	..	5
		F	4	..	..	..	..	2	2	1	1	..	..	..	..	..	5
10	Malignant Neoplasm—Stomach	M	70	..	..	..	6	31	33	18	..	..	..	..	7	11	88
		F	38	..	..	..	2	16	20	13	..	..	..	1	4	8	51
11	Do. Lung, Bronchus	M	62	..	..	..	6	32	24	24	..	..	..	4	8	12	86
		F	10	..	..	..	2	4	4	3	..	..	..	..	1	2	13
12	Do. Breast	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		F	81	..	..	..	6	36	39	28	..	..	..	5	14	9	109
13	Do. Uterus	F	37	..	..	..	5	19	13	10	..	..	..	3	4	3	47
14	Other Malignant and Lymphatic Neoplasm	M	180	1	1	2	15	54	107	64	..	..	..	5	23	36	244
		F	127	..	..	..	14	46	67	46	..	..	..	3	28	15	173
15	Leukaemia, Aleukaemia	M	10	..	..	..	6	1	3	5	..	..	..	2	..	3	15
		F	10	..	..	1	2	5	2	3	..	..	..	1	2	..	13
16	Diabetes	M	8	..	..	..	1	1	6	2	..	..	..	..	..	2	10
		F	24	..	..	..	2	7	15	4	..	..	..	2	1	1	28
17	Vascular Lesions of Nervous System ..	M	250	..	..	..	2	40	208	104	..	..	..	1	16	87	354
		F	327	..	..	..	6	53	268	127	..	..	..	2	27	98	454
18	Coronary Disease ..	M	274	..	..	..	7	101	164	109	..	..	..	4	32	73	383
		F	148	..	..	..	3	31	114	66	..	..	..	..	17	49	214
19	Hypertension	M	64	..	..	..	..	15	49	15	..	..	..	..	1	14	79
		F	45	..	..	..	..	9	36	24	..	..	..	..	3	21	69
20	Other Heart Disease	M	336	..	..	..	8	46	282	180	..	..	..	3	20	157	516
		F	407	..	..	..	14	52	341	209	..	..	..	7	23	179	616
21	Other Circulatory Disease	M	83	..	..	..	5	11	67	43	..	..	..	..	5	38	126
		F	73	..	..	..	1	11	61	25	..	..	..	1	24	98	98
22	Influenza	M	73	..	..	..	1	25	47	35	1	..	..	1	13	20	108
		F	41	..	..	..	1	11	29	20	..	1	..	2	2	15	61
23	Pneumonia	M	86	20	2	..	4	14	46	35	3	..	..	2	6	24	121
		F	78	14	2	..	4	7	51	20	3	..	..	1	2	14	98
24	Bronchitis	M	232	3	..	1	5	64	159	66	..	..	..	..	21	45	298
		F	112	..	..	..	2	19	91	41	1	1	..	..	3	36	153
25	Other Diseases of Respiratory System ..	M	26	..	..	..	4	11	11	12	1	1	..	1	4	5	38
		F	10	..	..	..	2	2	6	5	..	..	..	..	1	4	15
26	Ulcer of Stomach and Duodenum ..	M	46	..	..	..	5	18	23	18	..	..	..	2	6	10	64
		F	10	..	..	..	..	3	7	6	..	..	..	1	3	2	16
27	Gastritis, Enteritis and Diarrhoea ..	M	6	5	..	..	..	..	1	4	1	..	..	..	1	2	10
		F	6	..	1	..	3	..	2	4	1	..	..	..	1	2	10
28	Nephritis and Nephrosis	M	26	..	..	1	4	9	12	11	..	..	..	1	5	5	37
		F	32	..	..	1	4	13	14	12	..	..	..	3	4	5	44
29	Hyperplasia of Prostate	M	33	..	..	..	..	2	31	16	..	..	..	..	..	16	49
30	Pregnancy, Childbirth, Abortion ..	F	6	..	..	..	5	1	..	..	..	..	..	..	..	..	6
31	Congenital Malformations	M	23	20	..	1	1	1	..	9	5	..	..	2	1	1	32
		F	22	14	1	..	4	3	..	4	3	..	1	..	..	..	26
32	Other Defined and ill-defined Diseases ..	M	180	54	2	1	5	34	84	78	28	2	1	6	13	28	258
		F	246	41	2	5	17	52	129	90	12	2	3	14	16	43	336
33	Motor Vehicle Accidents	M	33	..	1	4	15	4	9	15	..	1	3	4	6	1	48
		F	13	..	2	3	3	1	4	8	..	..	2	2	2	2	21
34	All Other Accidents ..	M	47	1	1	..	19	16	10	22	2	2	1	12	2	3	69
		F	33	..	2	2	1	6	22	21	3	1	1	..	..	16	54
35	Suicide	M	27	..	..	..	7	7	13	13	..	..	..	2	8	3	40
		F	10	..	..	..	2	4	4	3	..	..	..	1	2	..	13
36	Homicide and Operations of War ..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		F	2	..	..	..	2	..	..	..	..	..	..	..	..	..	2

TABLE VII.

SANITARY INSPECTION OF THE AREA, 1951.

District. (1)	No. of complaints received or registered. (2)	Total No. of inspections made. (3)	No. of nuisances and defects dealt with. (4)	No. of Notices served.		No. of Notices complied with.		No. of re-inspec- tions or re-visits included in Column (3). (9)	Remarks. (10)
				Informal. (5)	Statutory. (6)	Informal. (7)	Statutory. (8)		
Urban Districts-----									
Mansfield B.	1,277	10,826	3,127	1,976	386	1,912	373	6,358	
Worksop B.	310	6,427	1,846	354	19	358	24	828	
Newark B.	443	793	272	162	—	150	—	360	
East Retford B.	84	2,469	266	180	31	153	22	349	
Arnold	924	4,919	820	415	22	432	22	1,140	
Beeston and Stapleford	1,459	9,728	2,064	1,197	58	1,287	53	2,198	
Carlton	1,277	7,478	1,277	425	111	428	89	1,473	
Eastwood	88	724	126	76	14	61	9	—	
Hucknall	858	2,218	1,012	381	180	218	245	1,201	
Kirkby-in-Ashfield	961	3,475	644	313	191	192	113	2,514	
Mansfield Woodhouse	313	3,416	1,012	397	84	387	74	1,807	
Sutton-in-Ashfield	1,110	6,498	1,193	452	85	485	71	1,604	
Warsop	126	2,637	163	110	14	87	13	285	
West Bridgford	361	3,527	468	183	3	163	8	1,014	
Rural Districts—									
Basford	538	4,559	755	755	180	614	76	1,036	
Bingham	127	3,546	327	203	12	191	10	1,720	
Worksop	39	1,660	105	53	1	46	9	410	
East Retford	185	4,438	160	144	3	151	1	826	
Newark	37	151	41	19	—	15	—	49	
Southwell	296	4,892	369	91	6	76	11	370	

TABLE VIII.

HOUSING STATISTICS, 1951.

1. Inspection of Dwelling-houses during the year :—	Mansfield B.	Workshop B.	Newark B.	E. Retford B.	Arnold U.D.	Beeston and Stapleford U.D.	Carlton U.D.	Eastwood U.D.	Hucknall U.D.	Kirkby-in-Ashfield U.D.	Mansfield Woodhouse U.D.	Sutton-in-Ashfield U.D.	Warsop U.D.	West Bridgford U.D.	Basford R.D.	Bingham R.D.	Workshop R.D.	E. Retford R.D.	Newark R.D.	Southwell R.D.
(1) (a) Total number of dwelling-houses inspected for housing defects (under P.H. or Housing Acts)	1496	588	433	274	688	1470	881	104	975	316	515	719	119	259	1471	984	172	1479	65	449
(b) Number of Inspections made for the purpose	6286	632	793	298	2197	3112	2354	228	1735	2657	1325	2371	272	259	4559	1379	263	1787	105	826
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925	12	—	—	11	—	7	—	—	—	—	1	—	—	—	—	—	—	—	5	79
(b) Number of Inspections made for the purpose	12	—	—	23	—	7	—	—	—	—	5	—	—	—	—	—	—	—	5	117
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	12	25	5	11	—	3	1	4	—	2	1	75	—	—	2	9	1	238	—	3
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	1496	335	162	190	415	641	394	65	534	314	246	644	39	103	681	279	61	565	25	124
2. Remedy of Defects during the year without Service of formal Notices :—																				
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	1487	294	150	154	432	708	423	49	158	78	270	673	81	95	474	170	52	35	37	76
3. Action under Statutory Powers during the year :—																				
A.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—																				
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	95	—	—	8	—	44	64	1	—	3	—	—	—	2	21	1	1	—	—	—
(2) Number of dwelling-houses which were rendered fit after service of formal notices :																				
(a) By owners	90	—	—	1	—	38	55	1	19	—	—	—	—	3	13	1	1	—	—	—
(b) By Local Authority in default of owners	6	—	—	—	—	4	19	—	—	3	—	—	—	1	—	—	—	—	—	—

remedied	121	19	5	27	22	14	47	—	180	152	163	85	14	—	159	11	—	2	—	6
(2) Number of dwelling-houses in which defects were remedied after service of formal notices																				
(a) By owners	121	24	5	21	20	10	34	—	240	93	53	69	12	4	63	6	—	1	—	11
(b) By Local Authority in default of owners	14	—	—	—	2	1	14	—	5	3	103	2	1	—	12	5	—	—	—	—
C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—																				
(1) Number of dwelling-houses in respect of which Demolition Orders were made	2	25	5	1	—	2	—	4	3	2	—	42	—	—	2	—	—	1	—	—
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	—	—	—	3	—	3	—	—	3	2	—	48	2	16	5	3	3	23	—	—
D.—Proceedings under Section 12 of the Housing Act, 1936 :—																				
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
4. Housing Act, 1936—Part IV.—Overcrowding :—																				
(a) (i) Number of dwellings overcrowded at the end of the year	*	*	*	1	*	*	11	*	133	*	*	22	16	*	38	*	9	*	*	*
(ii) Number of families dwelling therein	*	*	*	1	*	*	23	*	249	*	*	45	22	*	55	*	11	*	*	*
(iii) Number of persons dwelling therein	*	*	*	9	*	*	94	*	1104	*	*	213	132	*	296	*	69	*	*	*
(b) Number of new cases of overcrowding reported during the year	*	*	*	3	*	*	4	*	42	*	*	2	8	*	21	*	5	*	*	*
(c) (i) Number of cases of overcrowding relieved during the year	*	*	*	5	*	*	5	2	18	*	*	8	3	*	21	*	8	*	*	*
(ii) Number of persons concerned in such cases	*	*	*	56	*	*	39	16	114	*	*	87	9	*	138	*	75	*	*	*
(d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	*	*	*	—	*	*	—	—	—	—	*	—	*	—	*	*	*	*	*	*
(e) Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report	*	*	*	—	*	*	—	—	—	—	*	—	*	—	*	*	*	*	*	*
5. Number of new houses erected during the year	287	162	186	71	74	230	158	68	126	77	70	107	68	33	†287	75	89	74	92	344

*No statistics available.

†Includes 92 houses built by other Local Authorities.

